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## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Safe Service Transport, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Juanita Jordan  
Name (Printed or typed)

1022 Crossing Brook way  
Address

Tallahassee, Florida 32311  
City, State & Zip

(850)210-6790- (850)210-6791  
Daytime Telephone number

JuanitaJordan80@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: SafeServe Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1022 Crossing Brook way  
Tallahassee, Florida  
32311

Mailing address, if different is:

1022 Crossing Brook way  
Tallahassee, Florida  
32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any all lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juanita Jordan Name and Title: \_\_\_\_\_

President

Address: 1022 Crossing Brook way Address: \_\_\_\_\_

Tallahassee, FL 32311

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Juanita Jordan  
Address: 1022 Crossing Brookway  
Tallahassee, Florida 32311

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Juanita Jordan  
Address: 1022 Crossing Brookway  
Tallahassee, Florida 32311

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Juanita Jordan  
Required Signature/Registered Agent

5.24.2016  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Juanita Jordan  
Required Signature/Incorporator

5.24.2016  
Date