

P1600050304

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(Address)

(Address)

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(Business Entity Name)

(Document Number)

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*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2016

SAMAD K. SHABAZZ HA ALLAH  
3880 VILLA ROSE LANE  
ORLANDO, FL 32808

SUBJECT: RELIABLE TRANSPORTATION @ BEST INC  
Ref. Number: W16000034990

We have received your document for RELIABLE TRANSPORTATION @ BEST INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 316A00010038

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## COVER LETTER

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

SUBJECT: Reliable Transportation of Best 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM:

Samad K. Shakerz He Allah  
Name (Printed or typed)

3880 Villa Rose Lane  
Address

Orlando, FL 32808  
City, State & Zip

407-630-0743  
Daytime Telephone number

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

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

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RECEIVED

16 JUN -2 AM 11:17

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: Reliable Transportation & Best Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3880 Villa Rose Lane  
Orlando Fl, 32808

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Transportation of Vehicles

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Samad K. Shabazz He Alah</u>	Name and Title:	_____
Address	<u>President</u>	Address:	_____
	<u>3880 Villa Rose Lane</u>		_____
	<u>Orlando Fl, 32808</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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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: Samad K. Shakerzadeh Alah  
Address: 3880 Villa Rose Lane 32808  
Orlando, FL 32808

**ARTICLE VII INCORPORATOR**

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

Name: Samad K. Shakerzadeh Alah  
Address: 3880 Villa Rose Lane  
Orlando, FL 32808

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**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*

\_\_\_\_\_  
Required Signature/Registered Agent

4-29-2016  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

4-29-2016  
Date