P16000054756

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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16 JUN 24 PH 2: 41

COVER LETTER

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

SUBJECT: CURB	SYSTEMS TRANSPORT, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM:	RY L. ALLIGOOD Name CANOVA COURT	e (Printed or typed)	
_		Address	<u> —</u>
ST.	AUGUSTINE, FL 32084		
	City,	State & Zip	
904	-797-3700		
<u></u>	Daytime T	elephone number	
CUI	RBFLORIDA@BELLSOUTH.NET		
 	E-mail address: (to be use	d for future annual report r	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)

<u>RTICLE II PRINC</u>	CIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:	
01 CANOVA COUR	Γ			
T. AUGUSTINE, FL	32084			
RTICLE III PURPO he purpose for which t	OSE the corporation is organized is: PROFI	T CORPORATION	- V	
			5	
			4-1	
			2 48 ag	
RTICLE IV SHAR ne number of shares of	ES 100 stock is:		PH 2: 41	
ne number of shares of	stock is: AL OFFICERS AND/OR DIRECTORS	<u> </u>	2: 41	
ne number of shares of	Stock is: AL OFFICERS AND/OR DIRECTORS E: GARY L. ALLIGOOD, PRES	Name and Title	JUDY S. ALLIGOOD, V PRES	
ne number of shares of	stock is: AL OFFICERS AND/OR DIRECTORS	Name and Title Address:	2: 41	
ne number of shares of RTICLE V INITIA Name and Title	Stock is: AL OFFICERS AND/OR DIRECTORS E: GARY L. ALLIGOOD, PRES	Name and Title	JUDY S. ALLIGOOD, V PRES	
ne number of shares of RTICLE V INITIA Name and Title	AL OFFICERS AND/OR DIRECTORS GARY L. ALLIGOOD, PRES 101 CANOVA COURT	Name and Title	JUDY S. ALLIGOOD, V PRES 101 CANOVA COURT	
ne number of shares of RTICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS GARY L. ALLIGOOD, PRES 101 CANOVA COURT	Name and Title Address:	JUDY S. ALLIGOOD, V PRES 101 CANOVA COURT ST. AUGUSTINE, FL 32084	
ne number of shares of RTICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS GARY L. ALLIGOOD, PRES 101 CANOVA COURT ST. AUGUSTINE, FL 32084	Name and Title Address: Name and Title	JUDY S. ALLIGOOD, V PRES 101 CANOVA COURT ST. AUGUSTINE, FL 32084	
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS GARY L. ALLIGOOD, PRES 101 CANOVA COURT ST. AUGUSTINE, FL 32084	Name and Title Address: Name and Title Name and Title Address:	JUDY S. ALLIGOOD, V PRES 101 CANOVA COURT ST. AUGUSTINE, FL 32084	
Name and Title Name and Title Address	Stock is: AL OFFICERS AND/OR DIRECTORS GARY L. ALLIGOOD, PRES 101 CANOVA COURT ST. AUGUSTINE, FL 32084	Name and Title Address: Name and Title Name and Title Address:	JUDY S. ALLIGOOD, V PRES 101 CANOVA COURT ST. AUGUSTINE, FL 32084	
Name and Title Name and Title Address	Stock is: AL OFFICERS AND/OR DIRECTORS GARY L. ALLIGOOD, PRES 101 CANOVA COURT ST. AUGUSTINE, FL 32084	Name and Title Address: Name and Title Address: Name and Title Name and Title	JUDY S. ALLIGOOD, V PRES 101 CANOVA COURT ST. AUGUSTINE, FL 32084	

Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptab JUDY S. ALLIGOOD	e) of the registered agent is:	
Name:	101 CANOVA COURT		
Address:	ST. AUGUSTINE, FL 32084		
			iga Çir
ARTICLE VII	<u>INCORPORATOR</u>	ن ت	
The name and ac	Idress of the Incorporator is:	JUN 24	
Name:	GARY L. ALLIGOOD		
Address:	101 CANOVA COURT		
	ST. AUGUSTINE, FL 32084		
Effective date, if (If an effective d days after the fil Note: If the date	ling.)	. (OPTIONAL) nnot be more than five business days prior or 90 b able statutory filing requirements, this date will not be ds.	
		cess for the above stated corporation at the place des s registered agent and agree to act in this capacity 06/21/16	ignated in
	Required Signature/Registered Agent	Date	
I submit this doc document to the I	ument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false information subnelony as provided for in s.817.155, F.S.	nitted in a
	1	06/21/16	
Requi	red Signature/Incorporator	Date	