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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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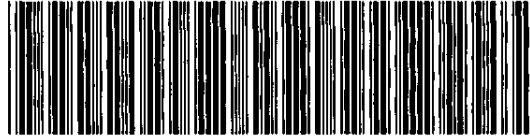
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: TWO ALLENS 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: Jerrold E. Slutzky, Slutzky Law Firm f/b/o James Allen
Name (Printed or typed)
20719 Sterlington Drive, Suite 103
Address
Land O' Lakes, FL 34638
City, State & Zip
(813) 909-1515
Daytime Telephone number
Jamic87Allen@yahoo.com
E-mail address: (to be used for future annual report notification)

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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: TWO ALLENS TRANSPORT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1642 Osprey Lane

Lutz, FL 33549

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in the business of transportation of freight and other goods and any and all actions reasonably incidental thereto, and to engage in any other business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Allen

Name and Title:

Address 1642 Osprey Lane

Address:

Lutz, FL 33549

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: James Allen _____

Address: 1642 Osprey Lane _____

Lutz, FL 33549 _____

ARTICLE VII INCORPORATOR

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

Name: James Allen _____

Address: 1642 Osprey Lane _____

Lutz, FL 33549 _____

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ARTICLE VIII EFFECTIVE DATE: 07/01/2016

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

X  _____
Required Signature/Registered Agent

JUN 23 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.

X  _____
Required Signature/Incorporator

JUN 23 2016
Date