

P/6000068104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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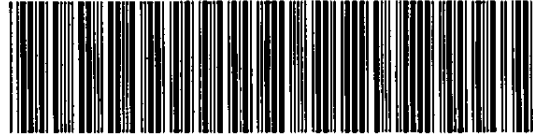
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 11 PM 12:27

EFFECTIVE DATE 08/12/16

08/18/16

COVER LETTER

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

SUBJECT: Echelon 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: Nahshon Jacobs

Name (Printed or typed)

9276 northlake pkwy unit 115

Address

Orlando, FL 32827

City, State & Zip

407-683-9879

Daytime Telephone number

echelontransportinc@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

echelon transport inc

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

9276 northlake pkwy

unit 115

Orlando, FL 32827

Mailing address, if different is: _____

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ARTICLE III PURPOSE

For the transportation of cargo either by van or by truck

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nahshon Jacobs

Name and Title: _____

Address 9276 northlake pkwy

Address: _____

unit 115

Orlando, FL 32827

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Paris martinez _____

Address: 9470 silver buttonwood st _____

Orlando, FL 32832 _____

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ARTICLE VII INCORPORATOR

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

Name: Nahshon Jacobs _____

Address: 9276 northlake pkwy unit 115 _____

Orlando, FL 32827 _____

ARTICLE VIII EFFECTIVE DATE: august 12 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

Paris D. Martinez

Required Signature/Registered Agent

8/10/16

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.

Nahshon Jacobs

Required Signature/Incorporator

8/10/16

Date