

P16000074815

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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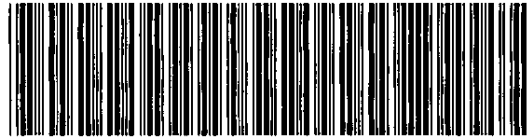
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/22/16--01019--017 **78.75

2016 AUG 22 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FL 32310-0001



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2016

ROGER WELLS
10320 NW 31ST CT
SUNRISE, FL 33351

SUBJECT: WELLS TRANSPORTATION INC.
Ref. Number: W16000059615

2016 AUG 22 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for WELLS TRANSPORTATION 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

L16000089339

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 016A00018318

COVER LETTER

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

SUBJECT: Wells Total Transportation 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: Roger Wells

Name (Printed or typed)

10320 NW 31st CT

Address

Sunrise, FL 33351

City, State & Zip

954-235-0329

Daytime Telephone number

rgrwells1@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: Wells Total Transportation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10320 NW 31st Ct.

Sunrise, FL 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transporting Freight, Cargo Containers, Tanks, and Hazmat Materials

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roger Wells Principle Officer

Name and Title: _____

Address 10320 NW 31st Ct.

Address: _____

Sunrise, FL 33351

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2016 AUG 22 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Roger Wells _____

Address: 10320 NW 31st Ct. _____

Sunrise, FL 33351 _____

ARTICLE VII INCORPORATOR

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

Name: Roger Wells _____

Address: 10320 NW 31st Ct. _____

Sunrise, Fl 33351 _____

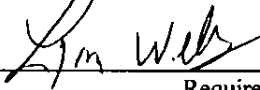
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 1, 2016 _____ (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

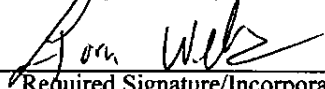


Required Signature/Registered Agent

9/4/2016

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

9/4/2016

Date