

PI6000076669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

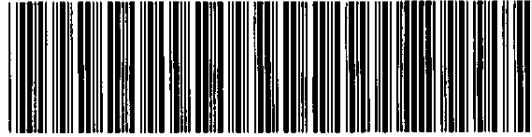
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/13/16--01007--010 *\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP 19 AM 4:54

APPROVED
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DEPARTMENT OF STATE
16 SEP 19 PM 12:44

AM

COVER LETTER

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

SUBJECT: _____

Felton Transport
(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: _____

Ryan Felton
Name (Printed or typed)

1815 Seay Ct
Address

Tallahassee, FL, 32303
City, State & Zip

561-445-9468
Daytime Telephone number

RFELTON90@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:

Feltan Transport INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1815 Seay Ct
Tallahassee FL 32303

Mailing address, if different is:

Same as

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

all legal purpose

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Ryan Feltan CEO

Name and Title:

Address

1815 Seay Ct
Tallahassee FL 32303

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP 19 AM 4:54

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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: Ryan Felton

Address: 1815 Sany Ct
Tallahassee FL 32303

ARTICLE VII INCORPORATOR

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

Name: Ryan Felton

Address: 1815 Sany Ct
Tallahassee FL 32303

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

[Signature]
Required Signature/Registered Agent

9/19/16
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.

[Signature]
Required Signature/Incorporator

9/19/16
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP 19 AM 4:54

ARTICLE VI
AND
FILED