## PHOCOUDIO95

(Re	questor's Name)	•	
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone #	)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name)	<del>,</del>	
(Do	ocument Number)		
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			





300293933423

01/09/17--01023--005 \*\*87.50

47 (a) \_ 0 PH 6: 39

M. MOON ...

## **COVER LETTER**

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

SUBJECT: THREE COLOR TRANSPORTATION, (PROPOSED CORPORATE NAME - MUST INCLUDE SUFF

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

Filing Fee

& Certified Copy

₹1587.50 ·

Filing Fee,

Certified Copy-& Certificate of

Status

ADDITIONAL COPY REQUIRED

VIRGINIJA TAUTKUVIENE
Name (Printed or typed)

3732 6TH ST W Address

City, State & Zip

630 277 0463 Daytime Telephone number

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)

The name of the corpora	tion shall be: THREE CO	LOR TRANSI	PORTATION,	<u> </u>
ARTICLE II PRINC	CIPAL OFFICE Principal <u>street</u> address	. Ma	Mailing address, if different is:	
3732 67	TH ST W		·	
LEHIGH AC	RES, FL, 33971			
ARTICLE III PURPO The purpose for which t	OSE the corporation is organized is:	AR TRANS	PORTATIO	N
		•		•
:			•	
				7
				<u>د من المنتخب المنت</u>
				<del>. 6 .</del>
• • • •	stock is: 100  AL OFFICERS AND/OR DIRECTORS e: VIR GINIJA TAUTKU			6: 39
Address	h /4 = 00	Address:		
	3732 6TH ST W	···		·
	LEHIGH ACRES, FL. 33	97/		
Name and Title	AUDRONIS TAUTKUS			
Address	HENAGER	Address:		
•	3732 GTH ST W			· · · · · · · · · · · · · · · · · · ·
	LEHIGH ACRES, FL,	33 <del>97</del> /		
Name and Wide				
Name and Title	ii	Name and Title:	•	
Address		· Address:	<u> </u>	
		· -		<del></del>

Name and Title:	Name and Title:	
Address	Address:	
	·	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name: VIRGINIZA TAUTKUVI	<u>ENE</u>	
Address: <u>3732</u> <i>GTH ST W</i>		SEC FALLE
LEHIGH ACRES, FL, 3	3971	
ARTICLE VII INCORPORATOR		9
The name and address of the Incorporator is:		<u>ش</u>
Name: VIRGINIJA TAUTKU	VIENE	39
Address: 3732 6TH ST W		
LEHIGH ACRES, FL	3397/	
(If an effective date is listed, the date must be specific and	07/2/017 (OPTIONAL cannot be more than five days p	
filing.)	•	
.Note: If the date inserted in this block does not meet the app the document's effective date on the Department of State's re		s, this date will not be listed as
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointment		
Minumin Verting	iden	01/07/2017
O Required Signature/Registered Age	ent	Date
I submit this document and affirm that the facts stated here document to the Department of State constitutes a third degr		
Required Signature/Incorporator	mahue'	01/07/2017 Date
$\mathcal{O}^{-1}$	•	