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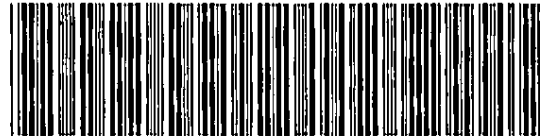
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** BJH Transportation Services, 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  
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:** Keith G. Holmes  
\_\_\_\_\_  
Name (Printed or typed)

217 West Hubbard Ave.  
\_\_\_\_\_  
Address

Deland, Florida 32720  
\_\_\_\_\_  
City, State & Zip

386 804 2252  
\_\_\_\_\_  
Daytime Telephone number

holm9584@bellsouth.net  
\_\_\_\_\_  
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: BJH Transportation Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

217 West Hubbard Ave

Deland, Florida 32720

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Private Transportation Services

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CLERK OF CIRCUIT COURT  
JULIA HASSEL FLORENCE

**ARTICLE IV SHARES**

The number of shares of stock is: zero

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Keith Holmes - Owner/CEO

Address: 217 West Hubbard Ave

Deland, Florida 32720

Name and Title: Michella Anderson-Adm

Address: 1941 Howland Blvd

Deland, FL 32739

Name and Title: Anita Neal-Treasurer

Address: 866 Wiskard Ave

Orange City, FL 32763

Name and Title: \_\_\_\_\_

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: Keith Holmes \_\_\_\_\_

Address: 217 West Hubbard Ave \_\_\_\_\_

DeLand, Florida 32720 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Keith Holmes \_\_\_\_\_

Address: 217 West Hubbard Ave \_\_\_\_\_

DeLand, Florida 32720 \_\_\_\_\_

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**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 days prior or 90 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*

Keith Holmes  
Required Signature/Registered Agent

1/1/2018  
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.*

Keith Holmes  
Required Signature/Incorporator

1/1/2018  
Date