

P18 000 028 923

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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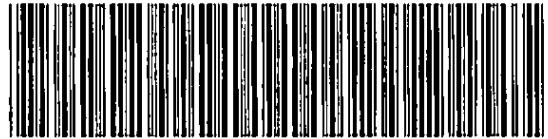
(Business Entity Name)

(Document Number)

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18 MAR 20 PM 12:51
SECRETARY OF FINANCE
TALLAHASSEE, FL 32399

D O'KEEFE

MAR 28 2018

COVER LETTER

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

SUBJECT: Holly Hill Transport 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: Jian Holley

Name (Printed or typed)

3223 Montcalm Dr

Address

Jacksonville, FL 32208

City, State & Zip

404.395.3178

Daytime Telephone number

jholley@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: Holly Hill Transport Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3223 Montcalm Dr
Jacksonville, FL 32208

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jian Holley President

Address: 3223 Montcalm Dr
Jacksonville, FL 32208

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL 32310

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: Jian Holley
Address: 3223 Montcalm Dr
Jacksonville, FL 32208

ARTICLE VII INCORPORATOR

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

Name: Jian Holley
Address: 3223 Montcalm Dr
Jacksonville, FL 32208

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TALLAHASSEE, FLORIDA

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

Jian Holley 3/9/2018
Required Signature/Registered Agent 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.

Jian Holley 3/9/2018
Required Signature/Incorporator Date