Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000112552 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from the page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number : 075350000353

: (800)221-2972

Fax Number

: (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

11	Address:			
-maii	DUULBEE			

## FLORIDA PROFIT/NON PROFIT CORPORATION D.O.K. LOGISTICS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00



April 11, 2018

## FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: D.O.K. LOGISTICS, INC.

REF: W18000033945

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please provide the name of the registered agent.

You must list at least one incorporator with a complete business street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist III
New Filing Section

FAX Aud. #: H18000112552 Letter Number: 718A00007286 From 7188897420 1.718.889.7420 Fri Apr 13 07:07:42 2018 MDT Page 3 of 4

## FILED 18 APR 13 AH 10: 40

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 62 FTS (Profit) OF STATE FALL AHASSEF, FLORUM

	D.O.K. LOGISTICS, INC.			
TICLE II PRI	NCIPAL OFFICE Principal street address		Mailing address, if different is:	
O LAKE RHEA		1560 L	1560 LAKE RHEA	
NDERMERE FL	34786	WINDE	WINDERMERE FL 34786	
FICLE III PUR purpose for which	POSE  1 the corporation is organized is: FREIGHT			
	~			
	AL OFFICERS AND/OR DIRECTORS	None and Title	KIM WATT - DIRECTOR	
number of shares of shares of shares of shares of the share and Tite share and Tite share of the shares of the sha	AL OFFICERS AND/OR DIRECTORS	_ Name and Title		
number of shares o	of stock is: 200  AL OFFICERS AND/OR DIRECTORS  le:	_ Name and Title _ Address:	KIM WATT - DIRECTOR  1301 SHILOH ROAD NW SUITE 210  KENNESAW, GA 30144	
number of shares of shares of shares of shares of the share and Tite share and Tite share of the shares of the sha	In Stock is: Zob  In AL OFFICERS AND/OR DIRECTORS  Is: ORIE WATT - DIRECTOR  I 301 SHILOH ROAD NW SUITE 210  KENNESAW, GA 30144	_ Address: _	1301 SHILOH ROAD NW SUITE 210 KENNESAW, GA 30144	
number of shares of ICLE V INITA Name and Tit Address	In Stock is: Zob  In AL OFFICERS AND/OR DIRECTORS  Is: ORIE WATT - DIRECTOR  I 301 SHILOH ROAD NW SUITE 210  KENNESAW, GA 30144	_ Address: Name and Title	1301 SHILOH ROAD NW SUITE 210	
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS  ORIE WATT - DIRECTOR  1301 SHILOH ROAD NW SUITE 210  KENNESAW, GA 30144  CLETODELL TITUS - DIRECTOR	_ Address: _	1301 SHILOH ROAD NW SUITE 210 KENNESAW, GA 30144	
Name and Tite Address  Name and Tite Address	AL OFFICERS AND/OR DIRECTORS  Ie: ORIE WATT - DIRECTOR  1301 SHILOH ROAD NW SUITE 210  KENNESAW, GA 30144  CLETODELL TITUS - DIRECTOR  290 CONKLIN AVE # 2	_ Address: _ Name and Title _ Address: _	1301 SHILOH ROAD NW SUITE 216 KENNESAW, GA 30144	

· · ·

Name and Title:		Name and Title:	
Addr	ess	Address:	
ARTICLE VI The name and	REGISTERED AGENT   Florida street address (P.O. Box NOT accept	Amble) of the registered agent is:	
Name:	ORIE WATT		
Address:	1560 LAKE RHEA	TAL SE	
riddress.	WINDERMERE FL 34786	- CARE	
<u>ARTICLE VII</u>	INCORPORATOR	BARIS HE STATE SECRETARY OF STATE ALLAHASSEE, FLORID	
The name and	address of the Incorporator is:	C.F.C.S.Z.	
Name:	CLETODELL TITUS	<b>= 5</b>	
Address:	1560 LAKE RHEA		
	WINDERMERE FL 34786		
Effective date	I EFFECTIVE DATE:  if other than the date of filing:  e date is listed, the date must be specific and	. (OPTIONAL) d cannot be more than five days prior or 90 days after the	
Note: If the ditthe document's	ate inserted in this block does not meet the app s effective date on the Department of State's r	plicable statutory filing requirements, this date will not be listed as ecords.	
Having been n this certificate,	named as registered agent to accept service of I am familiar with and accept the appointmen	process for the above stated corporation at the place designated in nt as registered agent and agree to act in this capacity	
	Oris Watt  Required Signature/Registered Ag	04/09/2018	
	Required Signature/Registered Ag	ent Date	
I submit this d document to th	locument and affirm that the facts stated her se Department of State constitutes a third degr	ein are true. I am aware that the false information submitted in a ee felony as provided for in s.817.155, F.S.	
	Clotadall Titur.	04/09/2018	
Red	quired Signature/Incorporator	Date	