

P180000 44006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

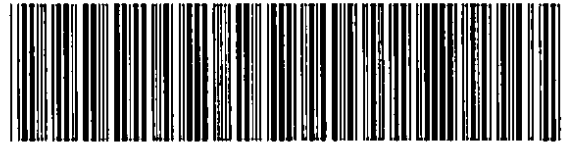
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 MAY -9 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 15 2018

K. Brumbley

## COVER LETTER

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

**SUBJECT:** MS LONG LINE TRANSPORT 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:** MS LONG LINE TRANSPORT INC

Name (Printed or typed)

12346 CARRIANN COVE TRAIL S

Address

JACKSONVILLE, FL 32225

City, State & Zip

904-764-7717

Daytime Telephone number

TNTRLT1@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: MS LONG LINE TRANSPORT INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12346 CARRIANN COVE TRAIL S

JACKSONVILLE, FL 32225

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: MIROSLAV SMELY - PRESIDENT

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

Address: 12346 CARRIANN COVE TRAIL S

Address: \_\_\_\_\_

JACKSONVILLE, FL 32225

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2016 MAY -9 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: MIROSLAV SMELY

Address: 12346 CARRIANN COVE TRAIL S

JACKSONVILLE, FL 32225

**ARTICLE VII INCORPORATOR**

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

Name: MIROSLAV SMELY

Address: 12346 CARRIANN COVE TRAIL S

JACKSONVILLE, FL 32225

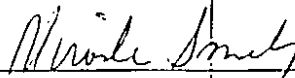
**ARTICLE VIII EFFECTIVE DATE:**

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.)

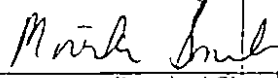
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

5/1/18  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

5/1/18  
\_\_\_\_\_  
Date

***Terence N. Thurson***

*Full Service Accounting Firm*

*8672 Phillips Highway*

*Jacksonville, FL 32256*

*Tele: (904) 764-7717*

*Fax: (904) 652-0365*

*Email: [tntr11@bellsouth.net](mailto:tntr11@bellsouth.net)*

*Web: [thursonaccounting.com](http://thursonaccounting.com)*

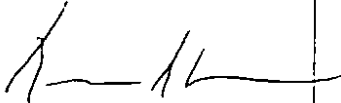
April 18, 2018

**RE: P15000026279  
MS LONG LINE TRANSPORT INC  
Attn: Miroslav Smely  
12346 Carriann Cove Trail S  
Jacksonville, FL 32225**

To Whom This May Concern,

The above referenced individual Mr. Miroslav Smely is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a new corporation but with the same name.

Very Truly Yours,



Terence N Thurson



Miroslav Smely - President