# P18000 103244

| (1                                      | Requestor's Name)       |  |  |  |  |
|---|-------------------------|--|--|--|--|
|   | Address)                |  |  |  |  |
| (.                                      | Address)                |  |  |  |  |
| (1)                                     | City/State/Zip/Phone #) |  |  |  |  |
| PICK-UP                                 | WAIT MAIL               |  |  |  |  |
| (1                                      | Business Entity Name)   |  |  |  |  |
| (Document Number)                       |                         |  |  |  |  |
| Certified Copies                        | Certificates of Status  |  |  |  |  |
| Special Instructions to Filing Officer: |                         |  |  |  |  |
|   |                         |  |  |  |  |
|   |                         |  |  |  |  |
|   |                         |  |  |  |  |

Office Use Only



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#### **COVER LETTER**

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

SUBJECT: DSI Tramport INC

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

#### **FEES:**

| Certificate of Domestication                 | \$        | 50.00  |
|--|-----------|--------|
| Articles of Incorporation and Certified Copy | <u>\$</u> | 78.75  |
| Total to domesticate and file                | \$        | 128.75 |

#### **OPTIONAL:**

Certificate of Status

\$ 8.75

**DSI Transport Inc** 

Name (printed or typed)

22331 Woodlawn Ave

Address

Brooksville, Fl. 34601

City, State & Zip

530-672-0117

Daytime Telephone Number

dsi4transportinc@gmail.com

E-mail address: (to be used for future annual report notification)

### **CERTIFICATE OF DOMESTICATION**

| The undersigne                 | $_{ m d,}$ David Sto   | orey   | President                   | ,                  |  |  |  |  |
|--------------------------------|--|--|-----------------------------|--------------------|--|--|--|--|
| <b>5</b> ·                     |  | Name)  | (Title)                     |                    |  |  |  |  |
| of DSI Tra                     | nsport Inc Doc   | # F1800000168  | a for                       | eign corporation,  |  |  |  |  |
| in accordance v                | (Corporation<br>vith s. 607.1801, Flo  | n Name)<br>rida Statutes, does hereby  | certify:                    |                    |  |  |  |  |
| 1. The date on                 | The date on which corporation was first formed was Feb. 06 , 2015  |  |                             |                    |  |  |  |  |
|                                | The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was California |  |                             |                    |  |  |  |  |
|                                | The name of the corporation immediately prior to the filing of this Certificate of Domestication was DSI Transport Inc         |  |                             |                    |  |  |  |  |
| 4. The name o                  | f the corporation, as  | set forth in its articles of   |                             |                    |  |  |  |  |
|                                | and 607.0401 with the Fransport Service  | this certificate ises Inc  |                             | ·                  |  |  |  |  |
| administrati<br>immediatel     | on of the corporation  | the seat, siege social, or p<br>n, or any other equivalent<br>the Certificate of Domest<br>. 95682 | jurisdiction under app      |                    |  |  |  |  |
| 6. Attached ar<br>to s. 607.18 |  | incorporation to complete  | the domestication requ      | uirements pursuan  |  |  |  |  |
| I am Presider                  | nt of DS   | I Transport Inc.   |                             | . <u></u>          |  |  |  |  |
| and am authori: so this the 30 |  | ficate of Domestication o  | n behalf of the corpora     | tion and have done |  |  |  |  |
|                                | Tu-  | (Authorized Signator   | 7                           |                    |  |  |  |  |
|                                |  | Filing Fee:  | •,                          | 2010 DEC 28        |  |  |  |  |
|                                | Certificate of I<br>Articles of Inco   | _  | \$ 50.00<br>1 Copy \$ 78.75 |                    |  |  |  |  |

## ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

| THE NAME OF THE CORPORATION SHALL BE:   |   |
|---|---|
| DSI Transport Services Inc  |   |
| ARTICLE II PRINCIPAL OFFICE  THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: Principal Address  22331 Woodlawn Ave                      | Mailing Address Same  |
| Brooksville, FL 34601   |   |
| ARTICLE III PURPOSE  THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZI  1) To facilitate the movement of product and/or packages from point |   |
| for "thrid" party originators within or outside of the state of Florida for t   |   |
| 2) To resale parts and/or pieces of vehicles and/or other transported p   | roducts through contractual agreement with owner/contractors. |
| 3) To service and/or maintain vehicles and/or vessels for the purpo   | ose of repair and/or replacement of inoperative components.   |
| 4) To assist and contract with F.E.M.A. for Hurricane clean up and/or a   | asset movement of clean up equipment on a "as needed" basis.  |
| Additional Articles "maybe" forthcomin  | g as merited by contractual needs.                            |
|   |   |
|   | PILELI<br>ZIII DEC 28 PH 1: 42                                |

ARTICLE IV THE NUMBER OF SHARES OF STOCK IS: 10,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Title/Name Title/Name Pres/CEO - David Storey 22331 Woodlawn Ave Brooksville, FL. 34601 Title/Name Title/Name Secretory/VP - Laurie Storey 3370 Country Club Rd. Cameron Park, CA. 95682 Title/Name Title/Name Treas/Safety Officer - Maxine Storey 13390 Southpoint Ave. Floral City, FL. 34436 'itle/Name Title/Name V/A

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: Maxine Storey 22331 Woodlawn Ave. Brooksville, FL. 34601 ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS: **David Storey** 22331 Woodlawn Ave. Brooksville, FL. 34601 HAVING BEEN NAMED AS REGISTERED AGENT AND 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. Signature/Registered Agent