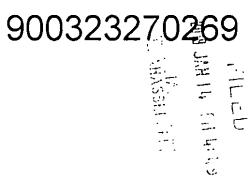
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zjo/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only





01/15/19--01001--005 **78.75



RECEIVED

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: **X** \$78.75 \$87.50 \$78.75 **□** \$70.00 Filing Fee & Certified Copy Filing Fee, Filing Fee Filing Fee Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Connie Knight

Printed or typed)

925 E Mugnolia DK G4

Address

Tallahassee FL 32301

City. State & Zip 850 - 405 - 2173

Daytime Telephone number

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)

The name of the corporation	shall be: C. C. Trans	portation Si	enrices IInc	
ARTICLE II PRINCIPA	AL OFFICE		ress, if different is:	
Tallahussec	C 1 000			
ARTICLE III PURPOSE The purpose for which the co Community to	corporation is organized is: Our Their destination	Services is to s Safely.	transport the	
			2018	
			JA JA	
ARTICLE IV SHARES The number of shares of sto	ok ie:			
	OFFICERS AND/OR DIRECTORS	 /_	1 - 1 - 10	
Name and Title:	, OR	Name and Title: CNW	stine A. Lore	ρ-¦
	125 E Maynolia DC	Address: 2819	backer El 203/)
	allunussec, FL 32301 (Own	CEP	CEO CEO	
Name and Title:		ı -		
Address		Address:		
- 17751 ·				
Address				
_				

Name and Title:	Name and Title:
Address	Address:
	-
ARTICLE VI REGISTERED AGENT	Ctha ragiotarad agant ic
The name and Florida street address (P.O. Box NOT acceptable) o	The registered agent is.
Name: Connie Anish?	-
Address: 925 E Magnolia DR	<u>6</u> 4
Talluhussec, Fl 3230	201
	- - <u>-</u>
ARTICLE VII INCORPORATOR	50.
The name and address of the Incorporator is:	855 E
Address: 9125 E Magnolia 1) Talluhussee, C132	K 64
Talluhussee, Ri 32	301
,	
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	of 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 proces	s for the above stated corporation at the place designated in
this certificate. I am familiar with and accept the appointment as re	gistered agent and agree to act in this capacity
(range Kall	1-14-19
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 felo	ny as provided for in s.817.155, F.S.
Care Tal	1-14-15
Required Signature/Incorporator	Date