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19 JAN 14 PM 4:28  
DIVISION OF REGISTRATION  
TALLAHASSEE, FL 32310

## COVER LETTER

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

SUBJECT: C.C. Transportation 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: Connie Knight  
Name (Printed or typed)

925 E Magnolia DR G4  
Address

Tallahassee FL 32301  
City, State & Zip

850-405-2173  
Daytime Telephone number

CKnight52@gmail.com  
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: C. C. Transportation Services INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

925 E Magnolia DR 64  
Tallahassee, FL 32301

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Our services is to transport the  
Community to their destinations safely.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Connie Knight

Address: 925 E Magnolia DR 64  
Tallahassee, FL  
32301

Name and Title: Christine A. Love

Address: 2814 McArthur Street  
Tallahassee, FL 32310

CEO  
(owner / Partners)

CEO

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

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

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

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

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

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

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

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

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2018 JAN 16 PM 4:45  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

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: Connie Knight  
Address: 925 E Magnolia DR G4  
Tallahassee, FL 32301

FILED  
2019 JAN 16 11:46:09  
TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Connie Knight  
Address: 925 E Magnolia DR G4  
Tallahassee, FL 32301

**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*

Connie Knight  
Required Signature/Registered Agent

1-14-19  
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.*

Connie Knight  
Required Signature/Incorporator

1-14-19  
Date