

P200000024599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

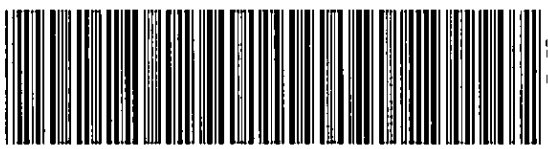
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SECRETARY OF STATE
TALLAHASSEE, FL
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COVER LETTER

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

SUBJECT: Southlands 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: Suzanna Mason
Name (Printed or typed)

146 Portside Ave
Address

Ponte Vedra, FL 32081
City, State & Zip

515-218-1732
Daytime Telephone number

southlandstransport@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: Southlands Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
146 Portside Ave
Ponte Vedra, FL 32081

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide third-party logistic services
and transaction of any or all lawful business for which a corporation
may be formed.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Suzanna Mason, President
Address: 146 Portside Ave
Ponte Vedra, FL 32081

Name and Title: Monika Hedlund, Vice-
President
Address: 2049 Brandon Hill Rd.
New Lenox, IL 60451

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FL

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: Suzanna Mason
 Address: 146 Portside Ave
Ponte Vedra, FL 32081

ARTICLE VII INCORPORATOR

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

Name: Suzanna Mason
 Address: 146 Portside Ave
Ponte Vedra, FL 32081

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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

Suzanna Mason 3.2.2020
 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 felony as provided for in s.817.155, F.S.

Suzanna Mason 3.2.2020
 Required Signature/Incorporator Date