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(Business Entity Name)

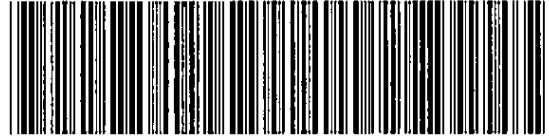
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2021 JUN 18 PM 3:41

TALLAHASSEE, FL 32301

FILED

2021 JUN 18 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/18 DANNY

CERTIFIED COPY

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INC

1. **FL TRANSPORT MGMT, LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: FL TRANSPORT MGMT, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: DR BART A BASI

Name (Printed or typed)

4501 W DEYOUNG ST STE 200

Address

MARION IL 62959

City, State & Zip

618-997-3436

Daytime Telephone number

ANDREW@TAXPLANNING.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)

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be: FL TRANSPORT MGMT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
603 LONGBOAT CLUB RD. UNIT 101
LONGBOAT KEY, FL 34228

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100 COMMON SHARES WITH \$1 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID HORACEK, PRES.

Name and Title: MATTHEW GERKEN, VICE PRES.

Address 603 LONGBOAT CLUB RD. UNIT 101
LONGBOAT KEY, FL 34228

Address: 603 LONGBOAT CLUB RD. UNIT 101
LONGBOAT KEY, FL 34228

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: BART A BASI
Address: 603 LONGBOAT CLUB RD. UNIT 101
LONGBOAT KEY, FL 34228

ARTICLE VII INCORPORATOR

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

Name: DR BART A BASI
Address: 603 LONGBOAT CLUB RD. UNIT 101
LONGBOAT KEY, FL 34228

2021 JUN 18 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE, FL

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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

Bart A. Basi

Required Signature/Registered Agent

6/18/2021

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.

Bart A. Basi

Required Signature/Incorporator

6/18/2021

Date