

P22000000 7274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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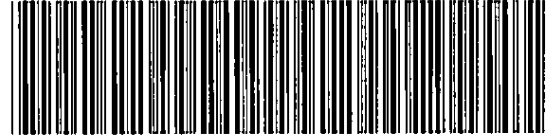
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2022 FEB -3 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: Heavenly Bond Transportation 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: Leon Harvin  
Name (Printed or typed)

6315 S Placid Place Unit A  
Address

Tallahassee, FL 32303  
City, State & Zip

850 354 2336  
Daytime Telephone number

Lharvin32@hotmail.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: Heavenly Band Transportation, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

6315 S Placid Place Unit A

Mailing address, if different is:

Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transporting Freight

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leon Hamoin / CEO Name and Title: \_\_\_\_\_

Address: 6315 S Placid Pl Address: \_\_\_\_\_

Unit A

Tallahassee, FL 32303

Name and Title: Robin Hamoin / Secretary Name and Title: \_\_\_\_\_

Address: 6315 S Placid Pl Address: \_\_\_\_\_

Unit A

Tallahassee, FL 32303

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

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

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2022 FEB -3 AM 11:11  
SECRETARY OF STATE  
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: Leon Harvin

Address: 6315 S Placid Place Unit A  
Tallahassee, FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Leon Harvin

Address: 6315 S Placid Place Unit A  
Tallahassee, FL 32303

**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*

Leon Harvin  
Required Signature/Registered Agent

1-21-22  
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.*

Leon Harvin  
Required Signature/Incorporator

1-21-22  
Date