

P 220000669749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

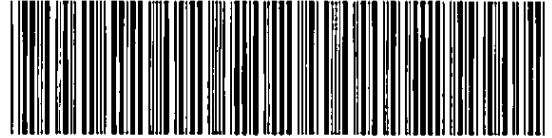
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
SEP 10 2022

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 SEP -9 PM 3: 1022 AUG 31 PM 3: 49

TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: B&B TRANSPORTS AND LOGISTICS, 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: GERSON PETIGNY
Name (Printed or typed)

441 S STATE ROAD 7, STE 9D

Address

MARGATE, FL 33068

City, State & Zip

9549779024

Daytime Telephone number

GMANTHAGENIUS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



2022 SEP -9 PM 2: 50

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TALLAHASSEE, FLORIDA

September 1, 2022

CAPITAL CONNECTION, INC.

SUBJECT: B&B TRANSPORTS AND LOGISTICS INC
Ref. Number: W22000112020

We have received your document for and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please make the document more legible.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 522A00019526

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

B&B TRANSPORTS AND LOGISTICS INC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: SETH 09/08/22
Name Date Time

Walk-In _____ Will Pick Up _____

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: B&B TRANSPORTS AND LOGISTICS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1749 SW COMMERCE AVE
PORT SAINT LUCIE, FL 34953

Mailing address, if different is:
1749 SW COMMERCE AVE
PORT SAINT LUCIE, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRED M. BRUTUS, PRESIDENT
Address: 1749 SW COMMERCE AVE
PORT SAINT LUCIE, FL 34953

Name and Title: _____
Address: _____

Name and Title: MARIE LOURDES BRUTUS, VP
Address: 1749 SW COMMERCE AVE
PORT SAINT LUCIE, FL 34953

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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DIVISION OF CORPORATIONS
22 SEP -9 PM 3:27

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: GERSON PETIGNY
 Address: 441 S STATE ROAD 7, STE 9D
MARGATE, FL 33068

ARTICLE VII INCORPORATOR

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

Name: FRED M. BRUTUS
 Address: 1749 SW COMMERCE AVE
PORT SAINT LUCIE, FL 34953

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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.

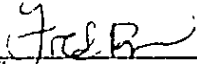
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent 09/08/2022

 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.



 Required Signature/Incorporator 09/08/2022

 Date