

P23 WWS9405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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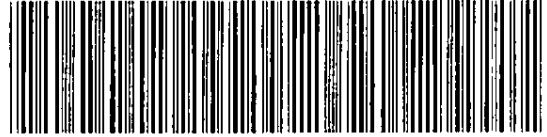
(Business Entity Name)

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2023 JUL 25 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: SLC PILOT CAR, 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: CHRISTOPHER L SAMS  
Name (Printed or typed)

30741 GLENN DRIVE  
Address

TAVARES FL 32778  
City, State & Zip

352-636-2054  
Daytime Telephone number

MLSAMS05@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

**FILED**  
2023 JUL 25 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: SLC PILOT CAR, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal <b><u>street</u></b> address <u>30741 GLENN DRIVE</u> <u>TAVARES FL 32778</u>	Mailing address, if different is: _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE PILOT CAR (ESCORT) SERVICES. THIS  
INCLUDES BUT IS NOT LIMITED TO VERIFYING THE ROUTE, EVALUATE ROAD AND WEATHER CONDITIONS ETC

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: <u>CHRISTOPHER L SAMS, PRESIDENT</u>	Name and Title: _____
--	-----------------------

Address <u>30741 GLENN DRIVE</u>	Address: _____
<u>TAVARES FL 32778</u>	_____
_____	_____

Name and Title: <u>MARY LOUISA SAMS, VICE PRES.</u>	Name and Title: _____
---	-----------------------

Address <u>30741 GLENN DRIVE</u>	Address: _____
<u>TAVARES FL 32778</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address _____	Address: _____
_____	_____
_____	_____

**FILED**  
2023 JUL 25 PM 1:39  
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: CHRISTOPHER SAMS

Address: 30741 GLENN DRIVE

TAVARES FL 32778

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KAREN LOGAN

Address: 269 FIELDS PARK ROAD

MORGANTOWN WV 26508

**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*

Christopher Sams, President July 21, 2023  
CHRISTOPHER SAMS 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.*

Karen Logan 6/30/23  
Required Signature/Incorporator Date  
KAREN LOGAN

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Principal street address

Mailing address, if different is:

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TAVARES FL 32778

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

Name and Title: CHRISTOPHER L SAMS, PRESIDENT Name and Title: \_\_\_\_\_

Address 30741 GLENN DRIVE Address: \_\_\_\_\_

TAVARES FL 32778

Name and Title: MARY LOUISA SAMS, VICE PRES. Name and Title: \_\_\_\_\_

Address 30741 GLENN DRIVE Address: \_\_\_\_\_

TAVARES FL 32778

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

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

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\_\_\_\_\_

\_\_\_\_\_

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Address: 30741 GLENN DRIVE

TAVARES FL 32778

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Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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Christopher L Sams, President  
CHRISTOPHER SAMS Required Signature/Registered Agent

July 21, 2023  
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.*

Karen Logan  
Required Signature/Incorporator  
KAREN LOGAN

6/30/23  
Date