

P24000014530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

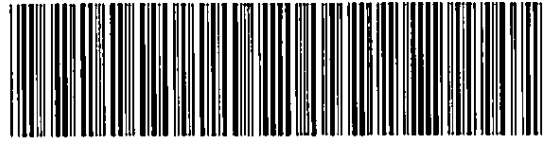
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

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CAPITAL CONNECTION, INC.

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

SOUTHERN MAGNOLIA EXPRESS CO

Please Debit FCA000000003 For: 70

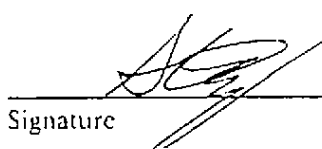
Thank you Seth Neeley



- ___ 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 _____

2004 FEB 26 PM 4:07
TALLAHASSEE, FL

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Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: SOUTHERN MAGNOLIA EXPRESS CO.
(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: EMILY HOLLY CURBOW
Name (Printed or typed)

11837 SW 32ND LANE
Address

GAINESVILLE, FLORIDA, 32608
City, State & Zip

352-281-8550
Daytime Telephone number

96 gatorbait@gmail.com
E-mail address: (to be used for future annual report notification)

DEPT. OF STATE
TALLAHASSEE, FL

2024 FEB 26 PM 4:05

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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: SOUTHERN MAGNOLIA EXPRESS CO.

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____

11837 SW 32ND LANE GAINESVILLE FL 32608

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TRANSPORTATION & LOGISTICS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EMILY HOLLY CURBOW
Address: 11837 SW 32ND LANE
GAINESVILLE FL 32608
PRESIDENT

Name and Title: JASON RUSSELL JOINER
Address: 1191 CARRIAGE RIDGE DR
GREENSBORO GA 30642
VICE PRESIDENT

Name and Title: HAROLD B. ROBINSON JR.
Address: 210 N BEACON SHORES DR
SENECA SC 29672
TREASURER

Name and Title: _____
Address: _____

Name and Title: KEVIN BAKER ROBINSON
Address: 400 BRECK AVENUE
RICHMOND KENTUCKY 40475
SECRETARY

Name and Title: _____
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: EMILY HOLLY CURBOW
 Address: 11837 SW 32ND LANE
GAINESVILLE FL 32608

ARTICLE VII INCORPORATOR

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

Name: EMILY HOLLY CURBOW
 Address: 11837 SW 32ND LANE
GAINESVILLE FL 32608

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

E Holly Curbow
 Required Signature/Registered Agent

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.

E Holly Curbow
 Required Signature/Incorporator

2024 SEP 19 2:07 PM
 STATE OF FLORIDA
 SECRETARY OF STATE
 Date: 9/19/24
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