

P240000072630

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**EZ LOADS HOLDINGS INC.**

Certificate of Status	0
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STATE OF FLORIDA  
TALLAHASSEE, FL 32399

MA

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H24000398079

**ARTICLE I NAME**The name of the corporation shall be: EZ Loads Holdings Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

7901 4th St. N #247437901 4th St. N Suite 300St. Petersburg, FL 33702St. Petersburg, FL 33702**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: for any lawful purpose.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jon Garrity, CEO and DirectorName and Title: Kate Garrity, Secretary and DirectorAddress 7901 4th St. N #24743Address: 7901 4th St. N #24743St. Petersburg, FL 33702St. Petersburg, FL 33702

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

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

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

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

2024 DEC -3 PM 2:52  
OFFICE OF THE  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
HILLSBOROUGH, FLORIDA

H24000398079

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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: Registered Agents Inc.  
Address: 7901 4th St N Suite 300  
St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**The ~~name and address~~ of the Incorporator is:

Name: Laura Gieseke  
Address: 101 W. Renner Rd., Suite 360  
Richardson, TX 75082

**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*

David Roberts 12/3/2024  
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.*

[Signature] 11/28/2024  
Required Signature/Incorporator Date

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