

TRANSMITTAL LETTER

P99000039621

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

000002855310--5
-04/28/99-01089-002
*****87.50 *****87.50

SUBJECT: SHADAZZ SERVICES AND LOGISTICS, INC.
(Proposed corporate name - must include suffix)

Enclosed is 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: BELINDA R. MCKNIGHT
Name (Printed or typed)

3103 N. 16TH STREET
Address

TAMPA FLORIDA 33605
City, State & Zip

813-247-1554
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 APR 28 AM 10:18

FILED

W. SMITH MAY 03 1999

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SHABAZZ SERVICES AND LOGISTICS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3103 N. 16th STREET
TAMPA, FLORIDA 33605

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

48

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ROBERT C. MCKNIGHT
3103 N. 16th STREET
TAMPA, FLORIDA 33605

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

BELINDA R. MCKNIGHT
3103 N. 16th STREET
TAMPA, FLORIDA 33605

Belinda R. McKnight
Signature/Incorporator

April 26, 1999
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Robert C. McKnight
Signature/Registered Agent

April 26, 1999
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA