

P99000051645
TRANSMITTAL LETTER

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

500002894485--3
-06/03/99--01088-012
*****87.50 *****87.50

SUBJECT:

DSMBO

TRANSPORT 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:

PAUL F. FOSTER
Name (Printed or typed)

620 SW 80TH AVE

Address

N. LAUDERDALE FL 33068
City, State & Zip

954/724-4318

Daytime Telephone number

FILED
99 JUN -3 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

6-8
WS

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:

PSMBO TRANSPORT, INC

ARTICLE II PRINCIPAL OFFICE

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

620 SW 80 TERR
NORTH LAUDERDALE FL 33068

ARTICLE III SHARES

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

3 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

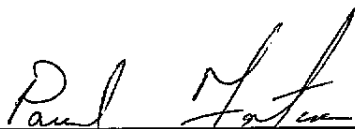
The name and Florida street address of the initial registered agent are:

Paul F. Foster
620 SW 80 TERR N. LAUDERDALE

ARTICLE V INCORPORATOR

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

PAUL FOSTER
620 SW 80 TERR
NORTH LAUDERDALE FL 33068



Signature/Incorporator

6-1-99

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



Signature/Registered Agent

6-1-99

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA