

P99000100604
TRANSMITTAL LETTER

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

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-11/15/99--01112--012
*****78.75 *****78.75

Subject. The Incorporation **Iola Moving & Storage, Inc.**

Enclosed is an original and One (1) copy of the articles of incorporation and a check

- ☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee & Certificate
☐ \$122.50 Filing Fee & Certified Copy
☐ \$131.25 Filing Fee, Certified Copy and

From: **Iola Bowles**
856 SW 10 Street *APT # 4*
Hallandale **FL** **33009**
(954) 456-3564

NOTE: Please provide the original and one copy of the

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
NOV 15 AM 10:09

gjc 11/17

**Articles of Incorporation
Of**

Iola Moving & Storage, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation,

Article I - Name

The name of the corporation shall

Iola Moving & Storage, Inc.

Article II - Principal Office

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

Business Address:

Address: **856 SW 10 Street** APT #4

City: **Hallandale**

State: **FL** Zip: **33009**

Mailing Address:

Address: **SAME**

City: _____

State: _____ Zip: _____

Article III - Shares of Company Stock

The number of shares of stock that this corporation is authorized to issue is,

1000 Shares, No Par Value.

Article IV - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

Name: **Iola Bowles**

Address: **856 SW 10 Street** APT #4

City: **Hallandale**

State: **FL** Zip: **33009**

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TALLAHASSEE, FLORIDA

Article V - Incorporator(s)

The name(s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

Name: **Iola Bowles**

Address: **856 SW 10 Street APT #4**

City: **Hallandale**

State: **FL** Zip: **33009**

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

27th

day of

October

,

1999

Iola Bowles

Signature

Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

PRESENT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF

1. The name of the corporation **Iola Moving & Storage, Inc.**

2. The name and address of the registered agent and

Name: **Iola Bowles**

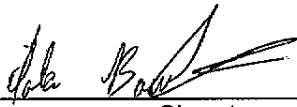
Address: **856 SW 10 Street APT #4**

City: **Hallandale**

State: **FL** Zip: **33009**

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

10/22/99

Date

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Designation of Registered Agent Fee \$35.00

TALLAHASSEE, FLORIDA

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10/22/99