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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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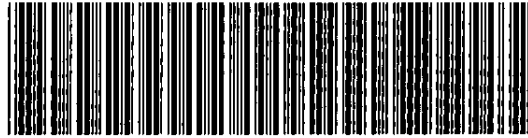
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 OCT 12 PM 3:46

APPROVE  
AND  
FILED

Handwritten initials

**COVER LETTER**

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

SUBJECT: F4U CORSAIR LOGISTICS, INC.  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: JOHN P. BROWN JR  
Name (Printed or typed)

1350 SHEELER ROAD  
Address

APOKA, FL 32703  
City, State & Zip

407-886-3003  
Daytime Telephone number

JRBROWN@GO-TPC.COM  
E-mail address: (to be used for future annual report notification)

**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: FUA CORSAIR LOGISTICS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1350 SHEELER ROAD  
APOKA, FL 32703

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
INTRASTATE SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>JOHN P BROWN JR, PRESIDENT</u>	Name and Title: _____
Address: <u>1350 SHEELER ROAD</u>	Address: _____
<u>APOKA, FL 32703</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
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: JOHN P BROWN, JR  
Address: 1350 SHEELER ROAD  
APOKA, FL 32703

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN P BROWN, JR  
Address: 1350 SHEELER ROAD  
APOKA, FL 32703

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

[Signature]  
Required Signature/Registered Agent

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 OCT 12 PM 3:46  
APPROVED AND FILED

10-7-10  
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]  
Required Signature/Incorporator

10-7-10  
Date