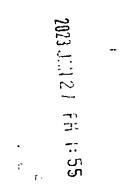
## P23000004748

	(Requestor's Name)	
	(Address)	
<u> </u>	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	MAIL MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

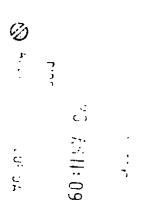
Office Use Only



800388837428



01/23/23--01001--020 \*\*70.00



## **COVER LETTER**

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

SUBJECT:	(PROPOSED CORPORA	TRANSPINCE	ORT IN
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	I a check for:
tz \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	4/6 gry, GA	Printed or typed)  Address  State & Zip	Inc.
	Daytime T	- 300 - 10 Telephone number  1 + 1/1 < 1971 @  d for future annual report n	

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)

The name of the corporation shall be:	W TRAMSPORT	IAC.
Principal office  2204 Fran Tuck Lang  Albany, 64 31707	# Mailing add	ress, if different is:
4RTICLE III PURPOSE The purpose for which the corporation is organized	sis: Trusking	
ARTICLE IV SHARES  The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR D  Name and Title: BIRT UIR	OIRECTORS - MeSidek Name and Title:	
	11,21 L91 & Address:	
Name and Title:  Address	Name and Title:  Address:	
	Name and Title:	FH 4:55

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box No. Name:    Brett   U (E)	OT acceptable) of the registered agent is:
Address: 2910 Kerry For Tallahassie FL	32309 E
ARTICLE VII INCORPORATOR	
Name:  Address:  Address:  Address:  Albany, G.A. 31	12k L-4Ne 107
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  If an effective date is listed, the date must be sp filing.)	. (OPTIONAL) ecific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not me he document's effective date on the Department of	cet the applicable statutory filing requirements, this date will not be listed as f State's records.
Having been named as registered agent to accept se vertificate, I am familiar with apd accept the appoin	rvice of process for the above stated corporation at the place designated in this nument as registered agent and agree to act in this capacity
Required Signature/Regis	$\frac{2}{1-23-23}$
V	stated herein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a to	hird degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	Date

. . .