

TRANSMITTAL LETTER
P000002425

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

800003155588--3
-03/03/00--01003--001
*****87.50 - *****87.50

SUBJECT: Mass Hauling 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: Patricia Dupras
Name (Printed or typed)

1205 NW 13 AVE
Address

Boynton Bch FL 33426
City, State & Zip

954-295-2127
Daytime Telephone number

FILED
00 FEB -3 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Bc m-6
w 5/16/01

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:

Mass Hauling Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

351 N. Congress Ave, #134
Boynton Bch FL 33436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hauling Construction debris

ARTICLE IV SHARES

The number of shares of stock is:

2000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent

Scott Bassette

Mr. Bassette is available Monday-Saturday for 9 am to 5 PM for deliveries. Mr.

Bassette's Address 351 N. Congress Ave., Boynton Beach, FL 33436.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Patricia Dupras
1205 NW 13 Ave
Boynton Bch, FL 33426

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 Scott Bassette

Date

Signature/Incorporator

Patricia Dupras

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA