P02000130548

(Requestor's Name)		
(Ac	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(B u	siness Entity Nan	ne)
(Document Number)		
Certified Coples	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600009349546

12/11/02--01028--018 **87.50

PILED

02 DEC 11 AM 8: 57

SECRETARY OF STATE

SKIN SKIN

TRANSMITTAL LETTER

DECEMBER 5, 2002

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

SUBJECT: FOXXTROTT TRUCKING, INC.

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION AND A CHECK FOR \$87.50.

PLEASE INCORPORATE THE COMPANY.

THANKS YOU FOR YOUR ASSISTANCE.

FROM:

WENDELL TROTMAN P O BOX 492256 FT LAUDERDALE, FL 33349



ARTICLES OF INCORPORATION

OF

FOXXTROTT TRUCKING, INC.

THE UNDERSIGNED ACTING AS THE INCORPORATOR OF A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATIONS ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE

FOXXTROTT TRUCKING, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

P.O. Box 492256 Ft Lauderdale, FL 33349

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS:

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF CAPITAL STOCK IS:

ONE THOUSAND (1000) SHARES OF COMMON STOCK HAVING A PAR VALUE OF ONE (\$1) EACH

ARTICLE V INITIAL OFFICERS/DIRECTORS

THE NAME(S) AND ADDRESS(ES):

WENDELL TROTMAN DIRECTOR & PRESIDENT 6100 NW 20 STREET SUNRISE, FL 33313

WINSTON TROTMAN
DIRECTOR & VICE PRESIDENT
6100 NW 20 STREET
SUNRISE, FL 33313

ARTICLE VI REGISTERED AGENT

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

WENDELL TROTMAN 6100 NW 20 STREET SUNRISE, FL 33313

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

WENDELL TROTMAN 6100 NW 20 STREET SUNRISE, FL 33313

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED 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.