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03 DEC 26 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## TRANSMITTAL LETTER

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

SUBJECT: McLean Trucking 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input checked="" 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: Michael McLean  
Name (Printed or typed)

914 North St  
Address

Ft Myers Beach, FL  
City, State & Zip

239-463-4776  
Daytime Telephone number

**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)

FILED

## **ARTICLE I NAME**

The name of the corporation shall be:  
McLean Trucking, Inc

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
941 North St  
Ft Myers Beach, FL 33931

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To operate a trucking business

## **ARTICLE IV SHARES**

The number of shares of stock is:  
200

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

List name(s), address(es) and specific title(s):  
Michael McLean President  
914 North St  
Ft Myers Beach, FL 33931

## **ARTICLE VI REGISTERED AGENT**

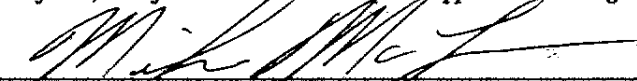
The name and Florida street address of the registered agent is:  
Michael McLean  
914 North St  
Ft Myers Beach, FL 33931

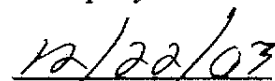
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Michael McLean  
914 North St  
Ft Myers Beach, FL 33931

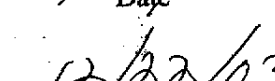
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date