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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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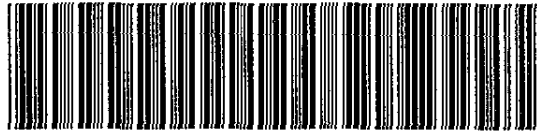
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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

SUBJECT:

S & J 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:

JOHN AND SONIA McAllister
Name (Printed or typed)

P.O. Box 7006
Address

TPA, FL 33673
City, State & Zip

813-239-4690
Daytime Telephone number

4693

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:

S & J Hauling Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

206 w. Woodlawv Ave
Tampa, Fl.

33603

mailling add.

po box 7006

Tampa, Fl. 33673

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To haul construction materials and non-construction materials

I also do landclearing and developement I am in the process of starting

ARTICLE IV SHARES my own business

The number of shares of stock is:

one hundred (100)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

John Antonio McAllister Sr. owner/operator

Sonja McAllister co-owner

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Sonja McAllister

206 w. Woodlawn Ave.

Tampa, Fl. 33603

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sonja McAllister---206 w. Woodlawn Ave

Tampa, Fl. 33603

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

SONJA McAllister

02-19-2004

Date

Signature/Incorporator

SONJA McAllister

02/19/2004

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA