# P04000047835

| (Red                                    | questor's Name)   |           |  |  |
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| PICK-UP                                 | ☐ WAIT            | MAIL      |  |  |
| (Bus                                    | siness Entity Nam | ne)       |  |  |
| (Document Number)                       |                   |           |  |  |
| Certified Copies                        | _ Certificates    | of Status |  |  |
| Special instructions to Filing Officer: |                   |           |  |  |
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Office Use Only



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# TRANSMITTAL LETTER

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

| SUBJECT:                 | PROPOSED CORPORA                         | na, Inc                    |                  |  |  |
|--------------------------|--|----------------------------|------------------|--|--|
|                          | (PROPOSED CORPORA                        | TENAME - MUST INCL         | UDE SUFFLX)      |  |  |
|                          |  |                            |                  |  |  |
|                          |  |                            |                  |  |  |
| Enclosed are an orig     | inal and one (1) copy of the art         | icles of incorporation and | a check for:     |  |  |
| El amoi oo               | \$78.75                                  | D #20.75                   | D 207.50         |  |  |
| \$70.00                  |  | \$78.75                    | \$87.50          |  |  |
| Filing Fee               | Filing Fee                               | Filing Fee                 | Filing Fee,      |  |  |
|                          | & Certificate of Status                  | & Certified Copy           | Certified Copy   |  |  |
|                          |  |                            | & Certificate of |  |  |
|                          |  |                            | Status           |  |  |
|                          |  | ADDITIONAL CO              | PY REQUIRED      |  |  |
|                          |  | *^                         |                  |  |  |
| FROM:                    | Dwen D. Moore  Name (Printed or typed)   |                            |                  |  |  |
|                          | Name (Printed or typed)                  |                            |                  |  |  |
|                          | 22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2 | 1 5 01                     | 1                |  |  |
|                          | 323 Sw. Mt. Olive Church Rd              |                            |                  |  |  |
|                          | Address                                  |                            |                  |  |  |
|                          | 1  |                            |                  |  |  |
|                          | Lamont, FL 32336<br>City, State & Zip    |                            |                  |  |  |
| •                        | City, State & Zip                        |                            |                  |  |  |
|                          |  |                            |                  |  |  |
|                          | 850-997-6164                             |                            |                  |  |  |
| Daytime Telephone number |  |                            |                  |  |  |

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 10, 2004

OWEN D. MOORE 323 SW MT OLIVE CHURCH RD LAMONT, FL 32336

SUBJECT: MOORE HAULING, INC. Ref. Number: W0400009615

We have received your document for MOORE HAULING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Shawn Logan Document Specialist New Filings Section

Letter Number: 404A00015993

# 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: Moore Hauling, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 323 SW Mt. Olive Church Rd. Lamont, FL 32336

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: **Dump Truck Hauling** 

### ARTICLE IV SHARES

The number of shares of stock is: 1000 Shares

# INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Owen D. Moore, President Jenise L. Moore, Vice-President

### ARTICLE VI REGISTERED AGENT

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

Owen D. Moore 323 SW Mt Olive Church Rd Lamont, FL 32336

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jenise L. Moore 323 SW Mt. Olive Church Rd. Lamont, FL 32336

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