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TRANSMITTAL LETTER

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

SUBJECT: PER	SAUD TRUCKING INCOR				
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
England are an original	ginal and one (1) copy of the art	iolos of incomponting and	In abade for		
Enclosed are an one	gittal and one (1) copy of the all	icles of incorporation and	i a check ioi.	ı	
\$70.00	☑ \$78.75	\$78.75	\$87.50	İ	
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	559 Foxcreek Drive			04 JUN 17	35/41
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	Lehigh Acres, Florida 339	36			-, i.r.
	<u> </u>	, State & Zip		₽¥	. 57
	City	, 			
	239-369-2472			1: 50	
	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)

ARTICLE I NAME

The name of the corporation shall be:

Persaud Trucking Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 559 Foxcreek Drive Lehigh Acres, FL 33936

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hauling dirt, gravel and sand by using Dump Truck (s) for the purpose of constructing residential and commercial buildings.

ARTICLE IV SHARES

The number of shares of stock is:

One (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Satnarine Persaud (owner), 559 Foxcreek drive Lehigh Acres, FI 33936. Michelle S Persaud (owner), 559 Foxcreek drive Lehigh Acres, FI 33936

ARTICLE VI REGISTERED AGENT

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

Satnarine Persaud 559 Foxcreek Drive Lehighj Acres, Fl 33936

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Satnarine and Michelle Persaud 559 Foxcreek Drive Lehigh Acres, FI 33936

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

Signature/Incorporator

bate /

Date

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