

PO500002046Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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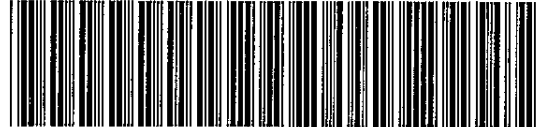
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/08/05--01003--012 **78.75

RECEIVED
TALLAHASSEE, FLORIDA

05 FEB -7 AM 9:52

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Handwritten signature/initials

TRANSMITTAL LETTER

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

SUBJECT: DACRES 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: THEANIE DACRES

Name (Printed or typed)

901 S. STATE RD. 7 SUITE # PH 400

Address

HOLLYWOOD FLORIDA 33023

City, State & Zip

954-893-0102

Daytime Telephone number

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

1105'



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 31, 2005

THEANIE DACRES
901 S. STATE. RD 7, SUITE PH 400
HOLLYWOOD, FL 33023

SUBJECT: DACRES TRUCKING INC.
Ref. Number: W05000004789

We have received your document for DACRES TRUCKING INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file.

If you have any further questions concerning your document, please call (850) 245-6924.

Stacy Prather
Document Specialist Supervisor
New Filings Section

Letter Number: 405A00006685

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:

DACRES TRUCKING INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

901 S. STATE RD 7 SUITE # PH 400
HOLLYWOOD FLORIDA 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAKE LOADS FROM SHIPPERS AND BROKERS TO
TRANSPORT ALL OVER THE US.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

THEANIE DACRES 5067 SW. 137TH TERRACE MIRAMAR FL. 33023 PRESIDENT
OTHNEIL DACRES 5067 SW. 137TH TERRACE MIRAMAR FL. 33023 V. PRESIDENT
MONICA HUNTER 15630 NW 28TH CT. OPA-LOCKA FL. 33054 OFFICER

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

THEANIE DACRES 5067 SW. 137TH TERRACE MIRAMAR FL. 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THEANIE DACRES 5067 SW. 137TH TERRACE MIRAMAR FL. 33023

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

Theanie Dacres

Signature/Registered Agent

01/25/05

Date

Theanie Dacres

Signature/Incorporator

01/25/05

Date

SEC. OF STATE
TALLAHASSEE, FLORIDA

05 FEB -7 AM 9:52

FILED