

POS000058403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

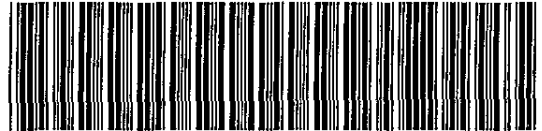
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100050665001

04/18/05--01005--013 \*\*78.75

FILED

05 APR 18 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/21/05  
BWK

## TRANSMITTAL LETTER

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

**SUBJECT:** MACON TRUCKING USA 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  
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:** WILLIAM C MACON

Name (Printed or typed)

6305 ROCKAWAY ST

Address

ORLANDO FL 32807

City, State & Zip

321-436-2738

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**

05 APR 18 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

MACON TRUCKING USA INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6305 ROCKAWAY ST  
ORLANDO FL 32807

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
TO PROVIDE TRANSPORTATION SERVICES

### 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):

WILLIAM C MACON -PRESIDENT  
6305 ROCKAWAY ST  
ORLANDO FL 32807

### ARTICLE VI REGISTERED AGENT

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

WILLIAM C MACON  
6305 ROCKAWAY ST  
ORLANDO FL 32807

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM C MACON  
6305 ROCKAWAY ST  
ORLANDO FL 32807

\*\*\*\*\*

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

William C Mac  
Signature/Registered Agent

4/13/2005

Date

William C Mac  
Signature/Incorporator

4/13/2005

Date