

POS000156616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

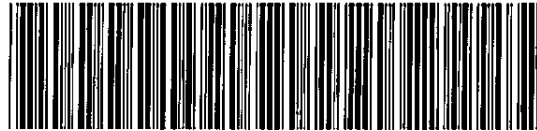
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
05 NOV 30 AM 10:28
FILED
05 NOV 30 AM 10:30
SECURARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: S.O.B.T 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 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: Omar Levers
Name (Printed or typed)

4186 Cedar St
Address

MARIANNA FL 32448
City, State & Zip

954-232-2349
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:

S.O.B. T TRUCKING INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4186 Cedar St
MARIANNA FL 32448

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRUCKING

ARTICLE IV SHARES

The number of shares of stock is:

3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

OMAR LEEUW
4186 Cedar St
MARIANNA FL 32448

ARTICLE VI REGISTERED AGENT

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

OMAR LEEUW
4186 Cedar St
MARIANNA FL 32448

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

OMAR LEEUW
4186 Cedar St
MARIANNA FL 32448

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.

Omar Leeuw
Signature/Registered Agent

Omar Leeuw
Signature/Incorporator

FILED
05 NOV 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/30/05
Date
11/30/05
Date