

P05000164566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

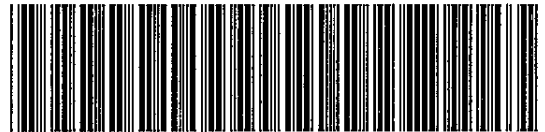
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05 DEC 19 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/20/05

COVER LETTER

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

SUBJECT: FOUR HORSEMEN 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: JAMES TOOMER
Name (Printed or typed)

6735 SALT POND DR. N.
Address

JACKSONVILLE, FL. 32219
City, State & Zip

(904) 635-7953
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:

FOUR HORSEMEN TRUCKING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6735 SAIT Pond DR. N. / P.O. Box 26187
Jacksonville, FL. 32219. Jacksonville, FL. 32226

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct business as a trucking company.

ARTICLE IV SHARES

The number of shares of stock is:

1.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES TOOMER / President P.O. Box 26187
Tony PATO / Vice President Jacksonville, FL. 32226
JAMES LEE / C.F.O.

ARTICLE VI REGISTERED AGENT

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

JAMES TOOMER
6735 SAIT Pond DR. N.
Jacksonville, FL. 32219

ARTICLE VII INCORPORATOR

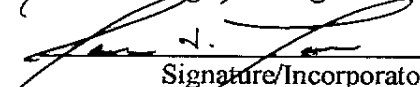
The name and address of the Incorporator is:

P.O. Box 26187
Jacksonville, FL. 32226

JAMES TOOMER

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

FOUR HORSEMEN TRUCKING INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/14/05
Date

12/14/05
Date