

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : SWAINE, HARRIS & SHEEHAN, P.A.

Account Number : I19980000021 Phone : (863)465-2811 Fax Number : (863)465-6999

FLORIDA PROFIT/NON PROFIT CORPORATION

D. P. SIMONS TRUCKING, INC.

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ARTICLES OF INCORPORATION

OF

D. P. SIMONS TRUCKING, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act hereby adopts the following articles of incorporation.

ARTICLE ONE

The name of the corporation is D. P. SIMONS TRUCKING, INC.

ARTICLE TWO

The term of existence of the corporation is perpetual.

ARTICLE THREE

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE FOUR

The aggregate number of shares which the corporation has authority to issue is FIVE HUNDRED (500), all of which shall be common shares with a par value of \$1.00 per share.

ARTICLE FIVE

The street address of the initial registered office of the corporation is 1721 Buck Street, Lake Placid, Florida 33852, and

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the initial registered agent at such address is DAVID PAUL SIMONS. The mailing address for the corporation is 1721 Buck Street, Lake Placid, Florida 33852.

The street address of the principal office of the corporation is 1721 Buck Street, Lake Placid, Florida 33852.

ARTICLE SIX

The board of directors of the corporation shall consist of not more than five (5) members. The name and address of the initial board of directors are:

NAME:

ADDRESS:

DAVID PAUL SIMONS

1721 Buck Street Lake Placid, Florida 33852

ARTICLE SEVEN

The name and address of the sole incorporator are:

NAME:

ADDRESS:

DAVID PAUL SIMONS

1721 Buck Street Lake Placid, Florida 33852

IN WITNESS WHEREOF, I have subscribed my name this _20 f

DAVID PAUL SIMONS

Incorporator

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STATE OF FLORIDA COUNTY OF HIGHLANDS

The foregoing instrument was acknowledged before me this 20 day of March, 2006, by DAVID PAUL SIMONS, who is [] personally known to me, or who has [X] produced his Florida Orives become as identification, and who did not take an oath.

Notary Public, State of Florida (Affix Seal)



ACCEPTANCE

I agree as registered agent to accept service of process, to keep the registered office open during prescribed hours, and to post my name in some conspicuous place in the office as required by law.

DAVID PAUL SIMONS Registered Agent

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