

P07000033877

(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



800092284718

03/16/07--01007--012 \*\*87.50

RECEIVED  
07 MAR 16 PM 1:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 MAR 16 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.S. 3-16

## COVER LETTER

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

SUBJECT: McCoy Trucking, Incorporation  
(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: Willie McCoy, Jr.  
Name (Printed or typed)

542 SW Third Street  
Address

Belle Glade, Florida 33430  
City, State & Zip

561-992-5051  
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:

McCoy Trucking, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

542 S/W 3<sup>rd</sup> Street Belle Glade, Florida 33430

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Flat bed Trucks used for the purpose harvesting vegetables.

**ARTICLE IV SHARES**

The number of shares of stock is:

The number of shares is One

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Robin McCoy Johnson - Vice President  
542 S/W 3<sup>rd</sup> Street  
Belle Glade, FL 33430

**ARTICLE VI REGISTERED AGENT**

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

Willie McCoy  
542 S/W 3<sup>rd</sup> Street Belle Glade, Fla 33430

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robin Johnson  
542 S/W 3<sup>rd</sup> Street Belle Glade, FL 33430

\*\*\*\*\*  
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

Willie McCoy  
\_\_\_\_\_  
Signature/Registered Agent  
Robin Johnson  
\_\_\_\_\_  
Signature/Incorporator

3-16-2007  
\_\_\_\_\_  
Date  
03-14-07.  
\_\_\_\_\_  
Date

FILED  
07 MAR 16 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA