

P070000 34466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*C & L Hauling, 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: \_\_\_\_\_

*Carolyn Shays*

Name (Printed or typed)

*4410-16 AVE 50*

Address

*St. Pete FLA 33711*

City, State & Zip

*727-323-8095*

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:

C+L Hauling Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4410-16th Ave SO  
St. Pete FLA 33711

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Trucking

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

Carolyn Shayer P.V.P.T.S

**ARTICLE VI REGISTERED AGENT**

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

Carolyn Shayer  
4410-16 Ave SO St. Pete FLA 33711

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Carolyn Shayer  
4410-16 Ave SO St. Pete, FLA 33711

\*\*\*\*\*

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

Carolyn Shayer

Signature/Registered Agent

Carolyn Shayer

Signature/Incorporator

3-16-07

Date

3-16-07

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA