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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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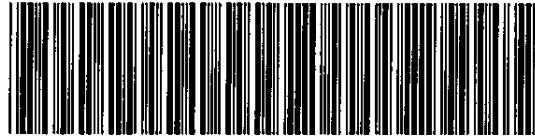
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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23

COVER LETTER

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

SUBJECT: J. N. M. 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: Boel Mander
Name (Printed or typed)

3 Foxglove CT.
Address

Homosassa, FL 34446
City, State & Zip

219-808-1085
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:

J. N. M. Trucking INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

3 FoxGlove CT. Homosassa, FL 34446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Independent Contractor
(owner operator)

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):

Noel Mender President
3 FoxGlove CT.
Homosassa, FL 34446

ARTICLE VI REGISTERED AGENT

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

Noel Mender
3 FoxGlove CT.
Homosassa, FL 34446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Noel Mender
3 FoxGlove CT.
Homosassa, FL 34446

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

8/21/07
Date

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Date