

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000169343 3)))



H080001693433ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561) 455-9885

FLORIDA PROFIT/NON PROFIT CORPORATION

MYRIE TRUCKING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

08 JUL -9 PM 4: 13

Electronic Filing Menu

Corporate Filing Menu

Help

1/10>

A.08000/69343.3

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:

MYRIE TRUCKING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

321 FROSTI WAY EUSTIS, FLORIDA 32726 08 JUL -9 AHII: 15

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT
PATRICK L MYRIE
321 FROSTI WAY
EUSTIS, FLORIDA 32726

PAGE 2

MYRIE TRUCKING, INC.

H.080001693433

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

PATRICK L MYRIE
321 FROSTI WAY
EUSTIS, FLORIDA 32726

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

PATRICK L MYRIE 321 FROSTI WAY EUSTIS, FLORIDA 32726

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.

PATRICK L MYRIE / Registered Agent

PATRICK'L MYRIE /Incorporator

Date Date STATE STATE STATE CORID