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COVER LETTER

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

SUBJECT: HICKOF	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	<u>LÜDE SUFFIX</u>)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	i a check for:	_	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
EBOM: Di	ANE CIMINO		SC CAR	200 AUG 18	Fina
FROM. Di	ANE CIMINO Name	(Printed or typed)		8	, pares.
7351 NOVA SCOTIA DRIVE Address				AH 6: 22	d is
	PORT RICHEY, FL 34668 City	, State & Zip	·		
	727-817-1080	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:

HICKORY TRANSP. INC.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is: 7351 NOVA SCOTIA DRIVE, PORT RICHEY, FL 34668

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES

ARTICLE IV SHARES

The number of shares of stock is: 150

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
DIANE CIMINO, 7351 NOVA SCOTIA DRIVE, PORT RICHEY, FL 34668, PRESIDENT

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: DIANE CIMINO

7351 HOVA SCOTHA DRIVE, PORT RIGHT, FLA 3468

ARTICLE VII INCORPORATOR

The name and address of the Incornorator is:

DIANE CIMINO_ BSI NOVA SCOTTIA DR PORT RICHET, FI - 34668

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

Date Date

2008 AUG 18 AH 8: 22

Power St.