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COVER LETTER

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

SUBJECT: R2 L2 TRUCKING CORPORATION
(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: LILIAN MEDINA
Name (Printed or typed)

264 SW MICANOPY GLEN
Address

FORT WHITE, FL. 32038
City, State & Zip

386-497-4458
Daytime Telephone number

HORSERAMI@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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:

R2 L2 TRUCKING CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

264 SW MICANOPY GLEN
FORT WHITE, FL. 32038

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRUCKING AND HAULING.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LILIAN MEDINA

ARTICLE VI REGISTERED AGENT

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

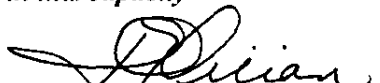
LILIAN MEDINA
264 SW MICANOPY GLEN
FORT WHITE, FL. 32038

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LILIAN MEDINA
264 SW MICANOPY GLEN
FORT WHITE, FL. 32038

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

10/31/09
Date



Signature/Incorporator

10/31/09
Date

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