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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
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(Document Number)			
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Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

KOON TRUCKING, INC

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

SUBJECT:	KOON TRUCKING, INC			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	l 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 PY REQUIRED	
FROM:		M D KOON JR		
	250 SW KO	e (Printed or typed) ON HOLLOW GLEN Address		
	FT WHI	TE, FL 32038 State & Zip		
	386-365-8292 Daytime Telephone number			
 -	E-mail address: (to be use	d 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:

KOON TRUCKING, INC

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 250 SW KOON HOLLOW GLEN

FT. WHITE, FL 32038

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William D Koon JR PRES. 250 SW Koon Hollow Glen Ft White FL 32038 William D Koon III V. PRES. 250 SW Koon Hollow Glen Ft White FL 32038 SHARON KOON Secty/TEES. 250 SW Koon Hollow Glen Ft White FL 32038

ARTICLE VI REGISTERED AGENT

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

WILLIAM D KOON JR

250 SW KOON HOLLOW GLEN

FT. WHITE, FL 32038

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM D KOON JR

250 SW KOON HOLLOW GLEN

FT. WHITE, FL 32038	
**************	**********
Having been named as registered agent to accept service of proplace designated in this certificate, I am familiar with and accepted to act in this capacity	
Signature/Registered Agent	Date
Signature/Incorporator	Date