

PI00000070475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

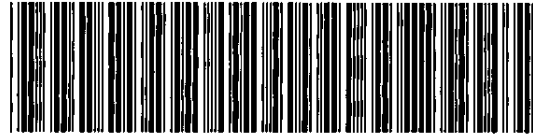
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10 AUG 27 AM 8:43

DATE  
TIME  
FILING  
OFFICE

FILED

10 AUG 27 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VN

COVER LETTER

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

SUBJECT: NR 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: NR Trucking Inc  
Name (Printed or typed)

PO Box 273

Address

110 xd FL 32337

City, State & Zip

850-210-2201

Daytime Telephone number

Carrier Express @line.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:

NR Trucking Inc

**ARTICLE II PRINCIPAL OFFICE**

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

915 Patterson Ave Tampa  
FL 33604

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All purpose

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Niivar Rodriguez

**ARTICLE VI REGISTERED AGENT**

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

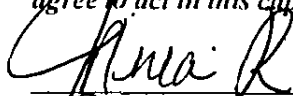
Niivar Rodriguez  
915 Patterson Ave Tampa FL 33604

**ARTICLE VII INCORPORATOR**

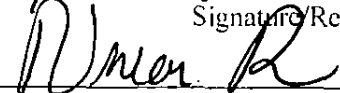
The name and address of the Incorporator is:

Niivar Rodriguez  
915 Patterson Ave Tampa FL 33604

\*\*\*\*\*  
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

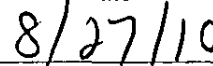
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**10 AUG 27 AM 8:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Date



Date