

P100000 88483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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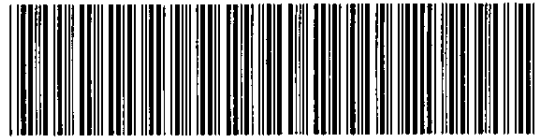
(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/1/10

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COVER LETTER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: ROBIN JONES TRUCKING CORP  
(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: EDDIE L. JONES  
Name (Printed or typed)

1415 OLD WOODVILLE RD.  
Address

CRAWFORDVILLE, FL. 32327  
City, State & Zip

(850) 5195979  
Daytime Telephone number

N/A  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

11-1-10

I will not revoke the Dissolution of  
Doc. # P00000095912 - Robin Jones Trucking Corp.

*Edwin G. Jones*

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

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: ROBIN JONES TRUCKING CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1415 OLD WOODVILLE RD

CAWFOODVILLE, FL.

32327

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: EDDIE C. JONES 'PRESIDENT'

Address: 1415 OLD WOODVILLE RD.

(CAWFOODVILLE) FL.

32327

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: EDDIE C. JONES

Address: 1415 OLD WOODVILLE RD

CAWFOODVILLE, FL. 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EDDIE C. JONES

Address: 1415 OLD WOODVILLE RD.

CAWFOODVILLE, FL. 32327

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

Eddie C. Jones

Required Signature/Registered Agent

01 NOV. 2016

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Eddie C. Jones

Required Signature/Incorporator

01 NOV. 2016

Date