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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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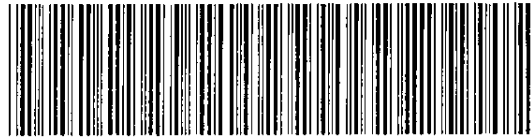
(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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10 NOV 17 PM 3:09

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. Shivers NOV 17 2010

## COVER LETTER

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

**SUBJECT: PHILNEV 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: **PHILOMEN THOMPSON**

Name (Printed or typed)

**6247 MULDOON RD.**

Address

**PENSACOLA, FL 32526**

City, State & Zip

**X 850-607-5529**

Daytime Telephone number

**stephen.mandell@raboninsurance.com**

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

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

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TALLAHASSEE, FL

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** PHILNEV TRUCKING INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6247 MULDOON RD.  
PENSACOLA, FL 32526

Mailing address, if different is:  
6247 MULDOON RD.  
PENSACOLA, FL 32526

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY LAWFUL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>PHILOMEN THOMPSON - PD</u>	Name and Title: _____
Address: <u>6247 MULDOON RD.</u>	Address: _____
<u>PENSACOLA, FL 32526</u>	_____
_____	_____

Name and Title: <u>NEVILLE GORDON</u>	Name and Title: _____
Address: <u>6247 MULDOON RD.</u>	Address: _____
<u>PENSACOLA, FL 32526</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: CARRIER SERVICES OF FLORIDA  
Address: 1357 E LAFAYETTE STREET  
TALLAHASSEE, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:


Name: NEVILLE GORDON  
Address: 6247 MULDOON RD.  
PENSACOLA, FL 32526

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TALLAHASSEE, FLORIDA

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

	11/17/10
Required Signature/Registered Agent	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.

(X) 	11/17/10
Required Signature/Incorporator	Date