

P10000100616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

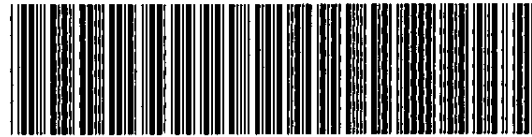
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/13/10--01012--021 **78.75

FILED
10 DEC 13 PM 1:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
12/14

COVER LETTER

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

SUBJECT: _____

E & E Trucking & MFL 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: _____

Rachelle Crews

Name (Printed or typed)

13503 E.W. Barton Rd

Address

Glen St Mary FL 32040

City, State & Zip

904-813-5623

Daytime Telephone number

diehardchief58@yahoo.com

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

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

Division of Corporations
Tallahassee Florida

November 3, 2010

To Whom It May Concern:

I am requesting that my corporation name of E & E Trucking & Rental Inc
Be released and I do not retain the name effective immediately.

This is a unanimous choice by the stockholders.

Thank you,

Rachelle Crews

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PO900005222

ARTICLES OF INCORPORATION

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

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10 DEC 13 PM 1:40

ARTICLE I NAME E & E Trucking of NFI Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

13503 EW Barton Rd

Glen St Mary FL 32040

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any & all lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robin Crews (Pres)

Address: 13503 EW Barton Rd

Glen St Mary FL

32040

Name and Title: _____

Address: _____

Name and Title: Rachelle Crews (Sec)

Address: 13503 EW Barton Rd

Glen St Mary FL

32040

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: Rachelle Crews

Address: 13503 EW Barton Rd

Glen St Mary FL 32040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nettie Davis

Address: 846 SW MAIN Blvd

LAKE CITY FL 32025

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

Rachelle Crews

Required Signature/Registered Agent

11-3-2010

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.

Nettie Davis

Required Signature/Incorporator

11/3/10

Date