

P10000100619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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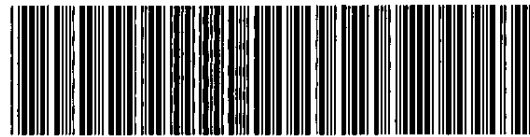
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/13/10--01012--022 **78.75

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10 DEC 13 PM 1:42
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: Gone 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: Steve Gregory
Name (Printed or typed)

482 SW Rose Creek Dr
Address

Lake City FL 32024
City, State & Zip

386-752-4576
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 Gone Trucking Inc.
Be released and I do not retain the name effective immediately.

This is a unanimous choice by the stockholders.

Thank you,

Steve Gregory

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

P06000145521

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Gone Trucking Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

482 SW Rose Creek Dr
LAKE CITY FL 32025

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Long distance Trucking

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steve Gregory (Pres)
Address: 482 SW Rose Creek Dr
LAKE CITY FL 32024

Name and Title: _____
Address: _____

Name and Title: Debrah Gregory (Sec)
Address: 482 SW Rose Creek Dr
LAKE CITY FL 32024

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: Debrah Gregory
Address: 482 SW Rose Creek Dr
LAKE CITY FL

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

Debrah Gregory
Required Signature/Registered Agent

11/15/10
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

11/15/10
Date