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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 25 PM 2:50

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: JAXSUN TRUCKS, 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: DRU I. TSUNEMORI

Name (Printed or typed)

9480 PRINCETON SQUARE BLVD. S., SUITE 207

Address

JACKSONVILLE, FL 32256

City, State & Zip

904-891-5614

Daytime Telephone number

don.tsunemori@actionindgroup.com

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

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

11 JAN 25 PM 2: 50

ARTICLE I NAME JAXSUN TRUCKS, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
9480 PRINCETON SQUARE BLVD S., STE. 207
JACKSONVILLE, FL 32256

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO OWN AND OPERATE DELIVERY VEHICLES.

ARTICLE IV SHARES
The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DRU I. TSUNEMORI, PRESIDENT Name and Title: _____
Address: 9480 PRINCETON SQ. BLVD. S., #207 Address: _____
JACKSONVILLE, FL 32256

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

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: DRU I. TSUNEMORI
Address: 9480 PRINCETON SQ. BLVD. S. #207
JACKSONVILLE, FL 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DRU I. TSUNEMORI
Address: 9480 PRINCETON SQ. BLVD. S. #207
JACKSONVILLE, FL 32256

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


Required Signature/Registered Agent

1/24/11
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.


Required Signature/Incorporator

1/24/11
Date