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TALLAHASSEE, FLORIDA

2011 FEB 28 AM 10:59

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J. SHIVERS MAR 03 2011

Division of Corporations
Tallahassee Florida

February 22, 2011

To Whom It May Concern:

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

This is a unanimous choice by the stockholders.

Thank you,

Joe Tucker

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Eagle Trucking of N FL Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and check for:

☐

\$70.00
Filing Fee

☒

\$78.75
Filing Fees &
Certificate of Status

☐

\$78.75
Filing Fee
& Certified Copy

☐

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Joe Archer

Name (Printed or typed)

1210 SE 19th St

Address

Gainesville, FL 32641

City, State & Zip

386-752-4576

Daytime Telephone number

diehardchief58@yahoo.com

Email Address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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: Eagle Trucking of NFI Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1201 SE 19th St
Gainesville, FL 32641
mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any & all legal purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTIONS

Name and Title: <u>JOE ARCHER</u>	Name and Title: _____
Address: <u>1201 SE 19th St</u>	Address: _____
<u>Gainesville, FL</u>	_____
<u>32641</u>	_____
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: Joe Archer
Address: 1201 SE 19th St
Gainesville, FL 32641

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

Joe Archer
Required Signature/Registered Agent

2/22/11
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.

Nettie Davis
Required Signature/Incorporator

2/22/11
Date

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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