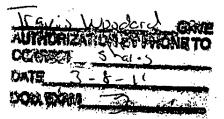
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Office Use Only		





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2011 MAR -3 FN 4:10

COVER LETTER

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

SUBJECT: Royal Flush Trucking Inc).
(PROPOSED CORPORATE	NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the articles	s of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate o Status
	ADDITIONAL COPY REQUIRED
FROM: Travis D. Woodard Sr. Name (Pr	inted or typed)
4239 Anderson Woods Dr.	
Addr Jacksonville, Fl. 32218 City, State	
904-251-5174 Daytime Telepl	
Cue69 69@Yahoo.com	future annual report notification)

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



RECEIVED 11 JAN 31 PM 3: 26

FLORIDA DEPARTMENT OF STATETALLAHASSEE, FLORIDA Division of Corporations

January 18, 2011

TRAVIS DEWAYNE WOODARD SR 4239 ANDESON WOODS DR JACKSONVILLE, FL 32218

SUBJECT: ROYAL FLUSH TRUCKING INC.

Ref. Number: W11000003044

We have received your document for ROYAL FLUSH TRUCKING INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The articles of incorporation must be prepared in compliance with section 607.0202. Florida Statutes. Please refer to this section of the law.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 011A00001444



RECEIVED 11 MAR -3 PM 3:45

FLORIDA DEPARTMENT OF STATE HASSEE, FLORIDA Division of Corporations

February 9, 2011

TRAVIS DEWAYNE WOODARD SR 4239 ANDESON WOODS DR JACKSONVILLE, FL 32218

SUBJECT: ROYAL FLUSH TRUCKING INC.

Ref. Number: W11000003044

We have received your document for ROYAL FLUSH TRUCKING INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 111A00003349

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

The name of the	corporation shall be:	I Inc.		
ARTICLE II	PRINCIPAL OFFICE	M 92	Mailing address, if different is:	
	Principal street address 4239 Anderson Woods Dr.	Mailing address	s, if different is:	
	Jacksonville, Fl. 32218			
	DELEASON VIIIG. 11. DZZ 10			
ARTICLE III	PURPOSE		₹ 2	
	r which the corporation is organized is:			
Trucking B	usiness		#- \$ 7	
			= = = =	
ARTICLE IV				
The number of s	shares of stock is:		33 1	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS		
	Title: Travis D Woodard Sr. Presiden			
Address:	4239 Anderson Woods Dr.	Address:		
	Jacksonville, Fl. 32218	<u> </u>		
Name and	Title:	Name and Title:		
Address:		Address:		
				
Name and	Title:	Name and Title:		
Address:	True	Address:		
ARTICLE VI	REGISTERED AGENT			
	Torida street address (P.O. Box NOT acceptable	e) of the registered agent is:		
Name:	Keila Aguilar			
Address:	4239 Anderson Woods Dr	<u> </u>		
	Jacksonville, Fl. 32218			
ARTICLE VII	INCORPORATOR			
	address of the Incorporator is:			
Name:	Travis D. Woodard Sr.			
Address:	4239 Anderson Woods Dr.			
	Jacksonville, Fl. 32218			
Havino heen na	med as registered agent to accept service of pro	cess for the above stated cornoration	a at the place designated in	
	am familige with and accept the appointment as			
			• •	
year		2	/1/2011	
	Required Signature/Registered Agent		Date	
•				
submit this do	cument and affirm that the facts stated herein	are true. I am aware that the false	information submitted in a	
tocument to the	Department of State constitutes a third degree fel	lony as provided for in s.817.155, F.S	i.	
7 1	() () () (01410044	
<u> برا نسد/</u>	worden s:		2/1/2011	
_	Required Signature/Incorporator		Date	