

P11000044661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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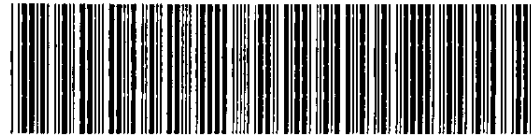
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/09/11--01038--014 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY -9 PM 4:50

FILED

5/10
88

COVER LETTER

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

SUBJECT: R & B Trucking Service 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: Robert Lee Bush

Name (Printed or typed)

1650 SE Hargrave St. Apt. 6-106

Address

Arcadia, FL 34266

City, State & Zip

863-494-0245

Daytime Telephone number

info@castillopayroll.com

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

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: R + B Trucking Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1650 SE Hargrave St.
Apt 6-106
Arcadia, FL 34266

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage or transact in any or all lawful activities or businesses permitted under the laws of the United States of America, the State of Florida, or any other State, County, territory of Nation where permitted.

ARTICLE IV SHARES

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares of common stock, having one dollar (\$1.00) value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Lee Bush

Address: _____

1650 SE Hargrave St. Apt. 6-106
Arcadia, FL 34266

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: _____

Address: _____

Castillo Payroll & Tax Service
10 N. Desoto Ave.
Arcadia, FL 34266

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

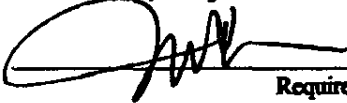
Name: _____

Address: _____

Robert Lee Bush
1650 SE Hargrave St. Apt. 6-106
Arcadia, FL 34266

11 MAY - 9 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4/14/2011

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

4/14/11

Date