

P1100055245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

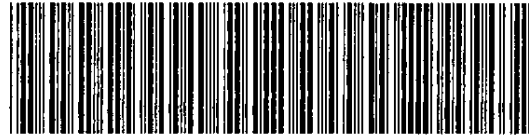
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/13/11--01027--016 \*\*70.00

FILED  
2011 JUN 13 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUN 14 2011

**COVER LETTER**

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

**SUBJECT: Pure 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: William Jones

Name (Printed or typed)

1500 Tradeport Drive

Address

Orlando, FL 32824

City, State & Zip

(407)255-6782

Daytime Telephone number

corporationsbusiness@gmail.com

E-mail 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**

Pure Trucking, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1500 Tradeport Drive  
Orlando, FL 32824

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of transacting any and all lawful business activities.

**ARTICLE IV SHARES**

The number of shares of stock is: Corporation is authorized to issue One-Thousand(1,000) shares of stock ,  
each having par value of \$10.00 dollars per share.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>William Jones</u>	Name and Title: _____
Address: <u>1500 Tradeport Drive</u>	Address: _____
<u>Orlando, FL 32824</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: William Jones  
Address: 1500 Tradeport Drive  
Orlando, FL 32824

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William Jones  
Address: 1500 Tradeport Drive  
Orlando, FL 32824

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

6/1/11  
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

6/1/11  
Date

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