

P11000059343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

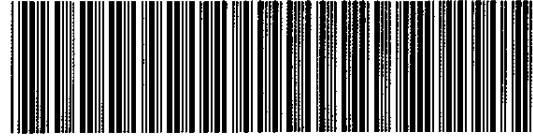
(Business Entity Name)

(Document Number)

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

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06/27/11--01021--031 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 27 AM 9:44

Ps 6/28/11

## COVER LETTER

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

SUBJECT: **TYLER 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: **CONNIE F SARVER**

Name (Printed or typed)

**3038 HOLIDAY BEACH DRIVE**

Address

**AVON PARK FL 33825**

City, State & Zip

**863-464-0781**

Daytime Telephone number

**CONNIE@BLUESAGEBUSINESSSOLUTIONS.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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME** TYLER TRUCKING INC

The name of the corporation shall be:

11 JUN 27 AM 9:44

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3062 ORCHID ROAD  
LAKE PLACID FL 33852

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TRUCKING--THE HAULING OF GOODS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ORAL ROBBIE TYLER SR  
Address: 3062 ORCHID ROAD  
LAKE PLACID FL 33852

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:

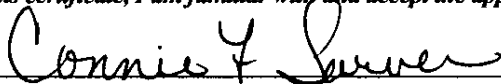
Name: CONNIE F SARVER  
Address: 3038 HOLIDAY BEACH DRIVE  
AVON PARK FL 33825

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CONNIE F SARVER  
Address: 3038 HOLIDAY BEACH DRIVE  
AVON PARK FL 33825

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

06-12-2011

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

06-12-2011

Date