

P110000 74008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

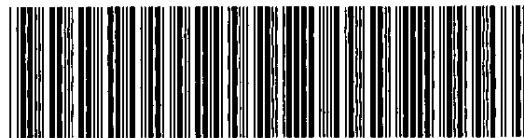
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Certificates of Status _____

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

MRS
8/18

COVER LETTER

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

SUBJECT: 3M 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: Clifford D. Ferguson

Name (Printed or typed)

P. O. Box 278

Address

Crawfordville, FL 32326

City, State & Zip

850-528-1673

Daytime Telephone number

moni1234@earthlink.net

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME 3M Trucking, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4712 Crawfordville Highway
Crawfordville, FL 32327

Mailing address, if different is:
P. O. Box 278
Crawfordville, FL 32326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To conduct the business operations of transporting commodities and general merchandise throughout the United States.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clifford D. Ferguson, President
Address: P. O. Box 278
Crawfordville, FL 32326

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: Clifford D. Ferguson
Address: 4712 Crawfordville Highway
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

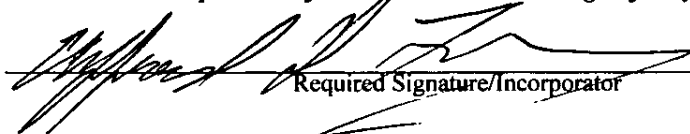
Name: Clifford D. Ferguson
Address: P. O. Box 278
Crawfordville, FL 32326

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

8-17-11
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

8-17-11
Date