

711000074940

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TREASURY DIVISION

19th AUG 23 2011

W11-42435
2553

COVER LETTER

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

SUBJECT: LINDA LEE 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: **JAMES POUGH JR**

Name (Printed or typed)

4506 ELSON AVE

Address

SEBRING, FL 33875

City, State & Zip

863-382-4515

Daytime Telephone number

robbietdean@aol.com

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

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

SECRETARY OF STATE
TALLAHASSEE, FL 32304

2004 AUG 22 AM 9:48

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

ARTICLE I NAME LINDA LEE TRUCKING, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4506 ELSON AVE
SEBRING, FLA 33875

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TRUCKING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: ROBBIE POUGH
Address: 4506 ELSON AVE
SEBRING, FLA 33875

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES POUGH
Address: 4506 ELSON AVE
SEBRING, FLA 33875

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

Robbie Pough

Required Signature/Registered Agent

8/18/2011

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.

James Pough

Required Signature/Incorporator

8/18/2011

Date

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DEPARTMENT OF STATE
TALLAHASSEE, FL 32399