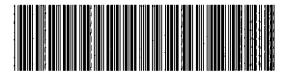
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(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	<del>)</del> #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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## **COVER LETTER**



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

SUBJECT: LINDA LEE TRUCKING	G ,INC.	THOM OTIODIAL		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Cop & Certificate Status	of	
	ADDITIONAL CO	OI I KEQUIKED		
FROM: JAMES POUGH JR	(Printed or typed)			
	(Fillied or typed)		PALLEN SET	
4506 ELSON AVE Address				
SEBRING, FL 33875	State & Zip		22 AM	
863-382-4515  Daytime Te	elephone number		9: 4:	and the second
robbietdean@aol.com E-mail address: (to be used	•	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)

ARTICEE I The name of the co	NAME LINDA LEE TRU prporation shall be:	CKING,INC	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing a	ddress, if different is:
. 4	1506 ELSON AVE		,
5	SEBRING.FLA 33875		·
_			
		-	
ARTICLE III			
The purpose for w	thich the corporation is organized is:		
ARTICLE IV	SHARES		
The number of shar	res of stock is:100		
	INITIAL OFFICERS AND/OR DIR		
Name and Ti	tle:	Name and Title:	······
Address:		Address:	
N 1 T:	41	Ni d Wide	
Address:	tle:	Name and I itle:	
Address:			
	<del></del>		
Name and Ti	tle:	Name and Title:	
Address:			
			2 2
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT accep	ptable) of the registered agent is:	हैं न
Name:	ROBBIE POUGH		
Address:	4506 ELSON AVE		
	SEBRING FLA 33875		
	<u>INCORPORATOR</u>		## 6 C
	ress of the Incorporator is:		# <del>-</del>
Name:	JAMES POUGH		<b>C</b>
Address:	4506 ELSON AVE		
	SEBRING,FLA 33875		
Having been name this certificate, I an	d as registered agent to accept service of a familiar with and accept the appointment	f process for the above stated corpo nt as registered agent and agree to a	ration at the place designated in ct in this capacity
	in Pulland		8/18/2011
	Required Signature/Registered As	ent ent	Date
	required orginular registered Ag	5~	Date
I submit this docur	nent and affirm that the facts stated he	rein are true. I am aware that the	false information submitted in a
document to the De	partment of State constitutes a third degr	ee felony as provided for in s.817.15	5, F.S.
•			
1000	22 Link		8/18/2011
- June	Required Signature/Incorporate	or	Date