

P110000081745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

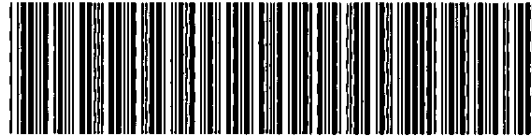
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900212059519

FILING CANCELLED
RETURNED CHECK

09/16/11--01018--017 **70.00

RECEIVED
11 SEP 16 PM 2:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 SEP 16 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VN

COVER LETTER

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

SUBJECT: _____

McCoy 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: _____

Willie James McCoy Jr

Name (Printed or typed)

801 South Dowling Ave

Address

Donalsonville, GA 39845

City, State & Zip

561-261-3833

Daytime Telephone number

wmccoy3@student.bainbridge.edu

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)

FILED

ARTICLE I NAME

The name of the corporation shall be: McCoy Trucking & Hauling Inc 11 SEP 16 PM 2:23

ARTICLE II PRINCIPAL OFFICE

Principal street address

801 South Dowling Ave
Donalsonville, GA 39845

Mailing address, if different is:

P.O. Box 721
Donalsonville

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All lawful Business

FILING CANCELLED
RETURNED CHECK

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Willie McCoy Jr
Address: President

Name and Title: _____
Address: _____

Name and Title: Thelma Jackson
Address: 801 South Dowling Ave
Donalsonville GA
39845

Name and Title: _____
Address: _____

Name and Title: Secretary
Address: Thelma Jackson
801 South Dowling Ave

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: Willie McCoy Jr
Address: 542 S.W. 3RD ST Belle Glade, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Willie McCoy Jr
Address: 801 South Dowling Ave
Donalsonville GA 39845

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

Willie G McCoy Jr

Required Signature/Registered Agent

9/16/11

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.

Willie G McCoy Jr

Required Signature/Incorporator

9/16/11

Date