

711000098704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

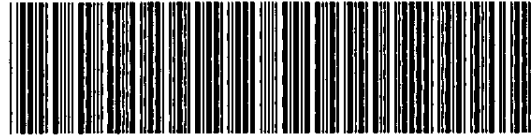
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/14/11--01009--007 **78.75

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2011 NOV 14 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 16 2011

COVER LETTER

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

SUBJECT: _____
(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: Gary Cribbs
Name (Printed or typed)

30916 Knight Road
Address

Hilliard, FL 32046
City, State & Zip

904-845-7196
Daytime Telephone number

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

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

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Gary Cribbs Trucking, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
30916 Knight Road
Hilliard, FL 32046

Mailing address, if different is:

30916 Knight Road
Hilliard, FL 32046

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the activity of conducting business whereas the primary activity shall be trucking.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary Cribbs, President	Name and Title: _____
Address: 30916 Knight Road	Address: _____
Hilliard, FL 32046	_____
_____	_____

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:

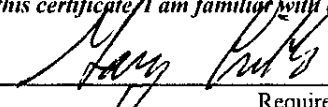
Name: Gary Cribbs
Address: 30916 Knight Road
Hilliard, FL 32046

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gary Cribbs
Address: 30916 Knight Road
Hilliard, FL 32046

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

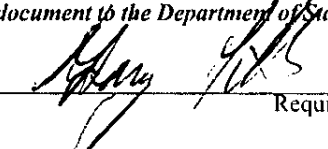


Required Signature/Registered Agent

11-9-11

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

11-9-11

Date

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