

P11000099220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

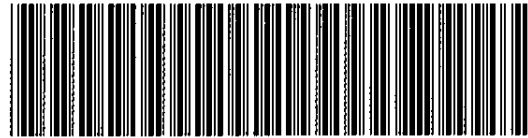
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700214246127

11/16/11--01009--008 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2011 NOV 16 PM 4:03

11/17/11

COVER LETTER

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

SUBJECT: Whooda 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: Whooda Trucking Inc.

Name (Printed or typed)

224 Pinewood Drive

Address

Davenport, Florida 33896

City, State & Zip

(863) 353-7189

Daytime Telephone number

Whoodatrucking@netscape.com

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2011 NOV 16 PM 4:03

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)

ARTICLE I NAME

The name of the corporation shall be: Whooda Trucking Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2011 NOV 16 PM 4:03

ARTICLE II PRINCIPAL OFFICE

Principal street address
Whooda Trucking Inc.
224 Pinewood Dr.
Davenport, Florida 33896

Mailing address, if different is:

Whooda Trucking Inc.
224 Pinewood Dr.
Davenport, Florida 33896

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Financial Investments
Credit Enhancement

ARTICLE IV SHARES

The number of shares of stock is: 10,000 shares authorized, 100 shares issued

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Tanya Ross - President</u>	Name and Title: _____
Address: <u>224 Pinewood Dr</u>	Address: _____
<u>Davenport, Florida 33896</u>	_____

Name and Title: <u>Patricia Morney - Secretary</u>	Name and Title: _____
Address: <u>224 Pinewood Dr</u>	Address: _____
<u>Davenport, Florida 33896</u>	_____

Name and Title: <u>Sentwali Buckley Jr. - Mang. Dir.</u>	Name and Title: _____
Address: <u>224 Pinewood Dr</u>	Address: _____
<u>Davenport, Florida 33896</u>	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Tanya Ross
Address: 224 Pinewood Dr.
Davenport, Florida 33896

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tanya Ross
Address: 224 Pinewood Dr.
Davenport, Florida 33896

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

Tanya Ross
Required Signature/Registered Agent

11-7-11
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.

Tanya Ross
Required Signature/Incorporator

11-7-11
Date