

P12.0000008013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

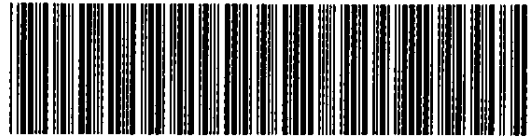
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200219084372

01/23/12--01022--018 **87.50

FILED
12 JAN 23 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

g 1/24/12

COVER LETTER

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

SUBJECT: CLN 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: **CHAD L NEWMAN**

Name (Printed or typed)

553 ROPER PARKWAY

Address

OCOE, FL 34761

City, State & Zip

407-877-8611

Daytime Telephone number

CLNTRUCKING@AOL.COM

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

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

FILED
12 JAN 23 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **CLN TRUCKING INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
553 ROPER PARKWAY
OCOEE, FL 34761

Mailing address, if different

FILED

12 JAN 23 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AUTO TRANSPORTING

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **CHAD L NEWMAN PRESIDENT**
Address: **553 ROPER PARKWAY**
OCOEE, FL 34761

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: **CHAD L NEWMAN**
Address: **553 ROPER PARKWAY**
OCOEE, FL 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **CHAD L NEWMAN**
Address: **553 ROPER PARKWAY**
OCOEE, FL 34761

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

Chad L Newman
Required Signature/Registered Agent

01/11/12

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.

Chad L Newman
Required Signature/Incorporator

01/11/12

Date