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(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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DETACTIVE OF SHATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

Ps 2/2/1

COVER LETTER

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

SUBJECT: MC Coy Trucking &	Hauling INC
/ (PROPOSED CORPORA'	TE NAME – <u>MUSZ INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
V.	<u></u>
FROM: SET MCCoy	Trucking & Hauling IN
801 South Don	Trucking & Hauling In (Printed or typed) Ding Ave Address
Devalenville City	
561-261 - Daytime To	elephone number
,	bridge. 234 Lest Bain beiden Lay I 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)
ARTICLE I NAME MARK TO THE TOTAL TOT
The name of the corporation shall be: MCCoy Trucking & Hauling Inc
ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
Donalson VIIIe Col
201 SOLIA DUNING AVE DONALSONVILLE OF
ARTICLE III PURPOSE 7 70-70-70-70-70-70-70-70-70-70-70-70-70-7
The purpose for which the corporation is organized is: 39845
my and All lawful bysiness
My The MAN MAN DUSINESS
ARTICLE IV SHARES 1000
The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: The me Tackson Name and Title: Willie Mcloy The Pros. Address: 801 South Danillar TVE Address: 801 South Daving Ave
Address: 801 South Danlax AVR Address: 801 South Downing Ave
Ventson VIII A
Service preises Jonalsonville, 94
Name and Title: Name and Title: 39843
Address: Address:
P1. 17.
Name and Title: KobiN JOHNSTON Name and Title:
Address: Address: Address:
Trucker 33100
ARTICLE VI REGISTERED AGENT
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Willie McCond acceptable of the registered agent is.
Address: 542 5W 3RB D
Befle 9/96e 1/A 331/30 = 35
ARTICLE VII INCORPORATOR -
The name and address of the Incorporator is:
Name: Willie May III Address: Sol South Gowline Ave
Long Son with Care
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
1/1he a motory 2/2/2014
Required Signature/Registered Agent 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.
Walle 1/2/2014
Required Signature/Incorporator Date