

P12000037061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

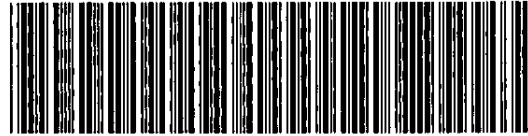
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/18/12--01018--010 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 18 AM 7:40

4/19  
8

## COVER LETTER

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

SUBJECT: ULTIMATE TRUCKING SERVICE 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: ULTIMATE TRUCKING SERVICE INC.

Name (Printed or typed)

3210 NW 94TH WAY

Address

SUNRISE FLORIDA 33351

City, State & Zip

(973) 766-4240

Daytime Telephone number

red47ash@aol.com

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)

**ARTICLE I NAME**

The name of the corporation shall be: **ULTIMATE TRUCKING SERVICE INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**3210 NW 94TH WAY**  
**SUNRISE FLORIDA 33351**

Mailing address, if different is:

**P.O. BOX 450638**  
**FORT LAUDERDALE FL 33345**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**TO BE PROFESSIONAL IN MY BUSINESS.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **RALSTON COOKE PRESIDENT**  
Address: **3210 NW 94TH WAY**  
**SUNRISE FLORIDA 33351**

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: **RALSTON COOKE**  
Address: **3210 NW 94TH WAY**  
**SUNRISE FL 33351**

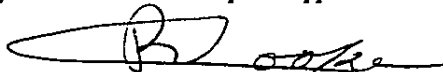
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **CAROLYN FARLEY**  
Address: **7539 EASTVIEW PL**  
**LAKELAND FL 33810**

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*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

**4/14/12**  
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.*



Required Signature/Incorporator

**04/14/12**  
Date