

P12000037803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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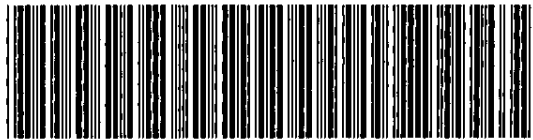
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 20 AM 8:10

4/23
8

COVER LETTER

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

SUBJECT: LADIGAN 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: LADIGAN TRUCKING INC

Name (Printed or typed)

212 OAK CROSSING BLVD.

Address

AUBURNDALE FLORIDA 33823

City, State & Zip

(484) 368-9586

Daytime Telephone number

glc5-vette@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 LADIGAN TRUCKING INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
212 OAK CROSSING BLVD.
AUBURNDALE FL 33823

Mailing address, if different is:
360 24TH ST. N.W. APT. 343
WINTERHAVEN FL 33880

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO BE A PROFESSIONAL COMPANY

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GARY A. LADIGAN PRESIDENT
Address: 212 OAK CROSSING BLVD.
AUBURNDALE FL 33823

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: GARY A. LADIGAN
Address: 212 OAK CROSSING BLVD.
AUBURNDALE FL 33823

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

4/17/12
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

4/17/12
Date