

P120000069702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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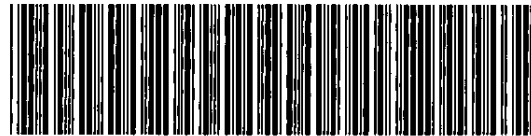
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
& BUSINESSES

12 AUG 13 PM 2:43

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COVER LETTER

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

SUBJECT: Harris Hauling 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: Dillon Harris

Name (Printed or typed)

2604 Shadecrest Rd

Address

Land o lakes, FL 34639

City, State & Zip

813-505-3197

Daytime Telephone number

doh1014@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: Harris Hauling Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
2604 Shadecrest Rd
Land o lakes, FL 34639

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Hauling service for FedEx

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Dillon Harris/Pres	Name and Title:	
Address:	2604 Shadecrest Rd	Address:	
	Land o lakes, FL 34639		

Name and Title:		Name and Title:	
Address:		Address:	

Name and Title:		Name and Title:	
Address:		Address:	

ARTICLE VI REGISTERED AGENT

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

Name: Dillon Harris
Address: 2604 Shadecrest Rd
Land o lakes, FL 34639

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dillon Harris
Address: 2604 Shadecrest Rd
Land o lakes, FL 34639

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

Dillon Harris
Required Signature/Registered Agent

8-9-12
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.

Dillon Harris
Required Signature/Incorporator

8-9-12
Date