

P12000095833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

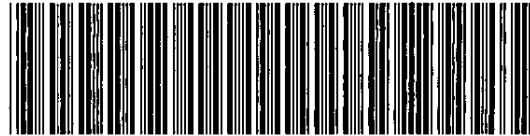
(Business Entity Name)

(Document Number)

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

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Office Use Only



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06/22/12--01011--007 \*\*78.75

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12 OCT - 1 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MPD  
11/19/12

11/19/12 11:19:55

## COVER LETTER

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

SUBJECT: Craig Baker 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: \_\_\_\_\_  
Name (Printed or typed)  
\_\_\_\_\_  
Address **Nettie Davis, Inc.**  
**846 SW Main Blvd.**  
**Lake City, FL 32025**  
\_\_\_\_\_  
City, State & Zip  
\_\_\_\_\_  
**386-752-4576**  
Daytime Telephone number  
\_\_\_\_\_  
**diehardchief58@yahoo.com**  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2012

NETTIE DAVIS, INC.  
846 SW MIAN BLVD  
LAKE CITY, FL 32025

SUBJECT: CRAIG BAKER TRUCKING INC  
Ref. Number: W12000033995

We have received your document for CRAIG BAKER TRUCKING INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 912A00017345

Division of Corporations  
Tallahassee Florida

*June 19, 2012*

FILED  
12 OCT -1 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

I am requesting that my corporation name of *Craig Baker Trucking Inc.*  
Be released and I do not retain the name effective immediately.

This is a unanimous choice by the stockholders.

Thank you,

*Craig Baker*

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

12 OCT -1 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: Craig Baker Trucking Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

13120 92nd St

Live DAK, FL 32060

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Trucking & All Lawful operation

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: CRAIG BAKER  
Address: 9172 SE 137th Blvd  
White Springs FL  
32096

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: CRAIG BAKER  
Address: 9172 SE 137th Blvd  
White Springs FL 32096

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: Nettie Davis, Inc.

Name: \_\_\_\_\_  
Address: 846 SW Main Blvd.  
Lake City, FL 32025

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

Craig Baker

Required Signature/Registered Agent

6/19/12  
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.

Nettie Davis

Required Signature/Incorporator

6/19/12  
Date