

P130000001580

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE  
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MD 1/7

## COVER LETTER

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

**SUBJECT: AMODEO 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: LBK ACCOUNTING SERVICES LLC**

Name (Printed or typed)

**58 SIOUX CIRCLE**

Address

**HAVANA, FL 32333**

City, State & Zip

**850-539-5171**

Daytime Telephone number

**lbkacct@att.net**

E-mail address: (to be used for future annual report notification)

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

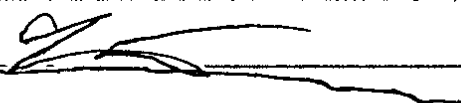
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Lawrence Amodeo, President  
of Amodeo Trucking Inc

(P10000097175) have no intention  
of Reinstating this Corporation



**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: **AMODEO TRUCKING INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
47 HIDDEN VALLEY LANE  
CRAWFORDVILLE, FL 32327

Mailing address, if different is:  
47 HIDDEN VALLEY LANE  
CRAWFORDVILLE, FL 32327

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **TRUCKING**

**ARTICLE IV SHARES**

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

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

Name and Title: LAWRENCE AMODEO - PRESIDENT  
Address: 47 HIDDEN VALLEY LANE  
CRAWFORDVILLE, FL 32327

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: LBK ACCOUNTING SERVICES LLC  
Address: 58 SIOUX CIRCLE  
HAVANA, FL 32333

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LBK ACCOUNTING SERVICES LLC  
Address: 58 SIOUX CIRCLE  
HAVANA, FL 32333

*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*

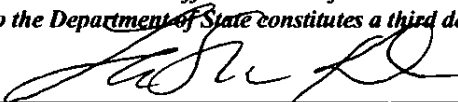


Required Signature/Registered Agent

1/2/2013

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

1/2/2013

Date

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