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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/12

## COVER LETTER

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

SUBJECT: **OK TRUCKS 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: **OGNJEN KRNETA**

Name (Printed or typed)

**1845 OAK TRL W, SUITE 210**

Address

**CLEARWATER, FL, 33764**

City, State & Zip

**224-406-4439**

Daytime Telephone number

**NERMINA\_KRNETA@YAHOO.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: OK TRUCKS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1845 OAK TRL W, SUITE 210

CLEARWATER, FL, 33764

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

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**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Ognjen Krneta President

Name and Title: Nermina Krneta Vice President

Address 1845 Oak Trl W, Suite 210  
Clearwater, FL, 33764

Address: 1845 Oak Trl W, Suite 210  
Clearwater, FL, 33764

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: Ognjen Krneta  
Address: 1845 Oak Trl W, Suite 210  
Clearwater, FL, 33764

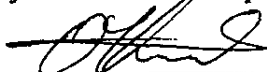
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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Ognjen Krneta  
Address: 1845 Oak Trl W, Suite 210  
Clearwater, FL, 33764

*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

02/05/2013

\_\_\_\_\_  
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

02/05/2013

\_\_\_\_\_  
Date