

P13000017665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

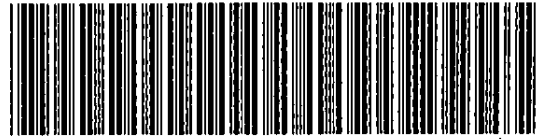
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

gr 2/25/13

COVER LETTER

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

SUBJECT: **LINEHAUL 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: **LINEHAUL INC**
Name (Printed or typed)

217 JENNINGS AVE

Address

GREEN ACRES, FL 33463

City, State & Zip

561-889-2926

Daytime Telephone number

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

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

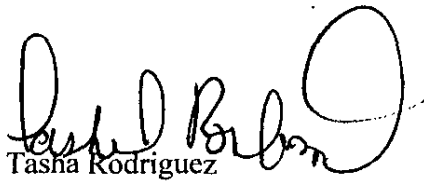
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 22, 2013

To Whom It May Concern,

I, Tasha Rodriguez, owner and president of Linehaul Inc, Doc# P07000011304, will not be renewing corporation this year.

Best regards,


Tasha Rodriguez

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TALLAHASSEE FLORIDA

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: LINEHAUL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

217 JENNINGS AVE
GREEN ACRES, FL 33463

Mailing address, if different is:

5234 LAKE OSBOURNE DR
LAKE WORTH FL 33461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ALL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TASHA RODRIGUEZ-PRESIDENT

Address: 217 JENNINGS AVE
GREEN ACRES, FL 33463

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: TASHA RODRIGUEZ-PRESIDENT

Address: 217 JENNINGS AVE

GREEN ACRES, FL 33463

ARTICLE VII INCORPORATOR

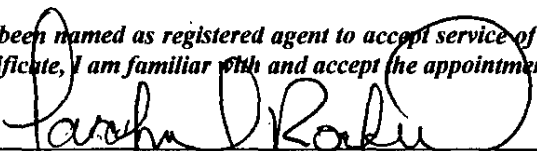
The name and address of the Incorporator is:

Name: TASHA RODRIGUEZ

Address: 217 JENNINGS AVE

GREEN ACRES, FL 33463

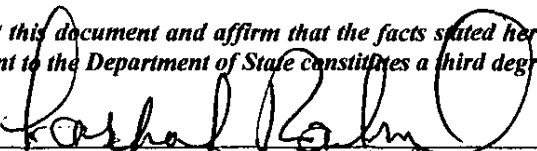
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

2/22/13
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

2/22/13
Date