

P13000020619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

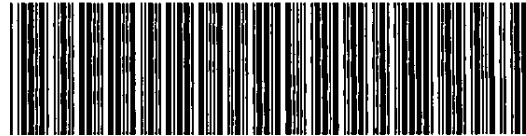
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/04/13--01010--008 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR -4 AM 11:34

FILED

J. Shivers MAR 05 2013

COVER LETTER

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

SUBJECT: **TrukFreight 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: **Tom Jones**

Name (Printed or typed)

8200 Ott Williams Road

Address

Clermont, FL 34714

City, State & Zip

352-394-6072

Daytime Telephone number

jonestom323@gmail.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: TrukFreight Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8200 Ott Williams Road

Clermont, Fl. 34714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All law Full Business uses

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas R. Jones

Name and Title: Debra J. Jones

Address: President

Address: Vice President

8200 Ott Williams Rd.

8200 Ott Williams Rd.

Clermont, Fl. 34714

Clermont, Fl. 34714

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

13 MAR -4 AM 11:35

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(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: Tom Jones
Address: 8200 Ott Williams Rd.
Clermont, Fl. 34714

ARTICLE VII INCORPORATOR

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

Name: Tom Jones
Address: 8200 Ott Williams Rd.
Clermont, Fl. 34714

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
03/01/2013
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
03/01/2013
Date

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TALLAHASSEE FLORIDA