

P130000066516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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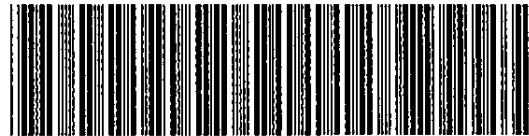
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
8/13/13

COVER LETTER

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

SUBJECT: RLN Trucking

(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: Lisa Nicklow

Name (Printed or typed)

325 Spring Lake Blvd.

Address

Sebring, FL 33876

City, State & Zip

(863) 491-4371 (717) 891-9219

Daytime Telephone number

ruggoingreen@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: RLN Trucking, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

325 Spring Lake Blvd.

Sebring, FL 33876

Mailing address, if different is:

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to establish a trucking company.

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Nicklow, President

Address: 325 Spring Lake Blvd.
Sebring, FL 33876

Name and Title: Lisa Nicklow, Vice President

Address: 325 Spring Lake Blvd.
Sebring, FL 33876

Name and Title: Lisa Nicklow, Treasurer

Address: 325 Spring Lake Blvd.
Sebring, FL 33876

Name and Title: Lisa Nicklow, Secretary

Address: 325 Spring Lake Blvd.
Sebring, FL 33876

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

Name and Title: _____

Name and Title: _____

FILED

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: _____

Lisa Nicklow

Address: _____

325 Spring Lake Blvd.

Sebring, FL 33876

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Lisa Nicklow

Address: _____

325 Spring Lake Blvd.

Sebring, FL 33876

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

Lisa Nicklow

Required Signature/Registered Agent

8/5/13

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.

Lisa Nicklow

Required Signature/Incorporator

8/5/13

Date