

P/4000011570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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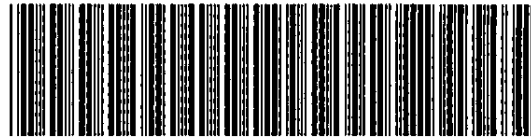
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 JAN 30 AM 9:45
TALLAHASSEE, FLORIDA

02/02/14

COVER LETTER

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

SUBJECT: **LEONARD G. 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 ☐ \$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: **LENARD GEORGE JACKSON**

Name (Printed or typed)

7138 CYPRESS COVE ROAD

Address

JACKSONVILLE, FLORIDA 32244

City, State & Zip

904 697 9505

Daytime Telephone number

gtrucking59@yahoo.com

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

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

M.O.# R 106 012 914 579

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: LEONARD G. TRUCKING Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7138 CYPRESS COVE ROAD
JACKSONVILLE FL. 32244

Mailing address, if different is:

7138 CYPRESS COVE ROAD
JACKSONVILLE FL. 32244

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THIS BUSINESS IS A TRUCKING BUSINESS
AND WANTING TO FILE FOR AN S-CORP.

ARTICLE IV SHARES

The number of shares of stock is: 1

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LENARD G. JACKSON OWNER

Address: 7138 CYPRESS COVE ROAD
JACKSONVILLE FL. 32244
904 697 9505

Name and Title: CHARLES E. JACKSON DIRECTOR

Address: 4848 JUDY ANN COURT
ORLANDO FL, 32808
321 295 6201

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: LENARD G. JACKSON
Address: 7138 CYPRESS COVE ROAD.
JACKSONVILLE FL. 32244

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LENARD G. JACKSON OWNER
Address: 7138 CYPRESS COVE ROAD
JACKSONVILLE FL. 32244

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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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

1-17-14
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

1-17-14
Date