

P14000035670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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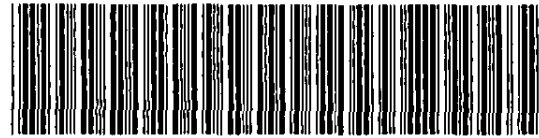
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status ☒

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TO ALLIANCE  
SUFFICIENT OF FILING

2014 APR 22 PM 1:58

STATE OF FLORIDA  
FILING OFFICE

14 APR 22 PM 2:13

*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: Wurr and Sons 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 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: Glenn Wurr  
Name (Printed or typed)

15812 179<sup>th</sup> Rd  
Address

McAlpin FL 32062  
City, State & Zip

951-348-8313  
Daytime Telephone number

glennwurr@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: Wurr and Sons Trucking Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

15812 179th Rd  
Mcalpin FL 32062

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Trucking business

14 APR 22 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Glenn Wurr President Name and Title: \_\_\_\_\_

Address 15812 179th Rd Address: \_\_\_\_\_

Mcalpin FL 32062

Name and Title: Carol Wurr Secretary Name and Title: \_\_\_\_\_

Address 15812 179th Rd Address: \_\_\_\_\_

Mcalpin FL 32062

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: Carol Warr  
Address: 15812 179th Rd  
McAlpin FL 32062

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carol Warr  
Address: 15812 179th Rd  
McAlpin FL 32062

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

Carol Warr  
Required Signature/Registered Agent

4/22/14  
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.

Carol Warr  
Required Signature/Incorporator

4/22/14  
Date