

P14 600055374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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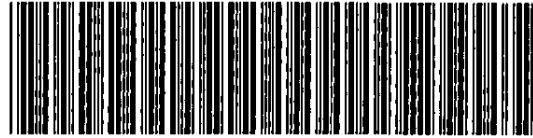
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN 23 PM 3:22

*ALWS  
6/25/14*

## COVER LETTER

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

**SUBJECT: DJ's Trailer Sales, 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: Robert I. Miller**

Name (Printed or typed)

**15835 Oak Glen Way**

Address

**Tavares, FL 32778**

City, State & Zip

**352-223-3105**

Daytime Telephone number

**milracing00@aol.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: DJ's Trailer Sales, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

11611 HWY 441

Tavares, FL 32778

Mailing address, if different is:

P.O. Box 1011

Tavares, FL 32778

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Trailer Sales, Service and Parts

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Robert I. Miller, Owner

Address 15835 Oak Glen Way  
Tavares, FL 32778

Name and Title: Cheryl A. Miller, Secretary

Address: 15835 Oak Glen Way  
Tavares, FL 32778

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

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: Robert Miller  
Address: 15835 Oak Glen Way  
Tavares, FL 32778

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cheryl Miller  
Address: 15835 Oak Glen Way  
Tavares, FL 32778

*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*

Robert Miller

Required Signature/Registered Agent

6/21/14

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.*

Cheryl Miller

Required Signature/Incorporator

6/21/14

Date