

P14000073477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

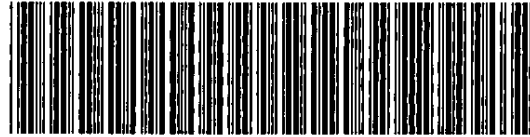
(Business Entity Name)

(Document Number)

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

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08/14/14--01023--017 \*\*78.75

FILED  
14 AUG 29 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WA-5093

## COVER LETTER

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

SUBJECT: Rocky Creek Express Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: LaShanda Collins

Name (Printed or typed)

17644 SE Highway 19

Address

Cross City FL 32628

City, State & Zip

352-356-3249

Daytime Telephone number

rockycreek75@outlook.com

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

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

August 11, 2014

I LaShanda Collins, the owner  
of Rocky Creek Express Inc would  
like to revoke the articles of  
Corporation #P12000100365. I have  
no intention on using it in the  
future, nor do I intend to reinstate  
at anytime.

Thank you.

LaShanda Collins  
352-356-3249



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

REC'D

14 AUG 29 AM 11 19

STATE  
TALLAHASSEE, FLORIDA

August 19, 2014

LASHANDA COLLINS  
17644 SE HWY 19  
CROSS CITY, FL 32628

SUBJECT: ROCKY CREEK EXPRESS INC  
Ref. Number: W14000050793

We have received your document for ROCKY CREEK EXPRESS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 514A00017829

## COVER LETTER

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

SUBJECT: **ROCKY CREEK EXPRESS 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: **LaShanda Collins**  
Name (Printed or typed)  
**P.O. Box 721**  
Address  
**Cross City, FL 32628**  
City, State & Zip  
**(352) 356-3249**  
Daytime Telephone number  
**rockycreek75@outlook.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: ROCKY CREEK EXPRESS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

17644 SE HWY 19

CROSS CITY, FL 32628

Mailing address, if different is:

P.O. BOX 721

CROSS CITY, FL 32628

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of this corporation is to  
engage in any and all lawful act or activity for which corporations may be  
organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: LaShanda Collins (P)

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

Address P.O. BOX 721

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

Cross City, FL 32628

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

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

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

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

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TALLAHASSEE FL 32309

(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: LaShanda Collins

Address: 17644 SE HWY 19

Cross City, FL 32628

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LaShanda Collins

Address: P.O. Box 721

Cross City, FL 32628

*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*

LaShanda Collins  
Required Signature/Registered Agent

08/26/2014

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.*

LaShanda Collins  
Required Signature/Incorporator

08/26/2014

Date

14 AUG 29 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA