P14000093612

(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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COVER LETTER

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

SUBJECT: Piney Woods 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: Luke Walden Andrews
Name (Printed or typed)

615 Bob Sikes Road
Address

DeFuniak Springs, Florida 32435
City, State & Zip

(850) 978-0545
Daytime Telephone number

luke2011@earthlink.net
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: Piney Woods Trucking, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

615 Bob Sikes Road
DeFuniak Springs, FL 324435

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: General Business Purposes allowable by law.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luke Walden Andrews
Address: 615 Bob Sikes Road
DeFuniak Springs, Fl 32435
President

Name and Title: Angus Graham Andrews
Address: 615 Bob Sikes Road
DeFuniak Springs, FL 32435
Vice President

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: Luke Walden Andrews

Address: 615 Bob Sikes Road

DeFuniak Springs, FL 32435

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Luke Walden Andrews

Address: 615 Bob Sikes

DeFuniak Springs, FL 32435

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 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 Date