

PIA00009362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

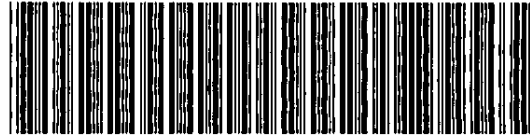
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/17/14 PM 4:02
NOV 17 2014
FEB 17 2015

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

Mailing address, if different is:

615 Bob Sikes Road

DeFuniak Springs, FL 324435

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:

Name and Title:

Address

Address:

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: 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

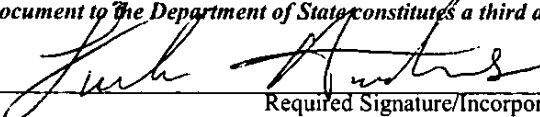
DeFuniak Springs, FL 32435

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

14 OCT 17 PM 4:02