

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL ,	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



200266510402

11/17/14--01009--002 \*\*87.50

## **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 orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

FROM:	_uke Walden Andrews
	Name (Printed or typed)
6	315 Bob Sikes Road
_	Address
	DeFuniak Springs, Florida 32435
	City, State & Zip
(8	850) 978-0545
_	Daytime Telephone number
<u>lu</u>	uke2011@earthlink.net

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)

The name of the corpora	tion shall be: Piney Woods T	rucking, I	nc.
	NCIPAL OFFICE Principal street address		Mailing address, if different is:
DeFuniak Sprin	igs, FL 324435		
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is:	Business F	Purposes allowable by law.
ARTICLE IV SHA The number of shares of	ures stock is:		PR 402
	rial officers and/or director Luke Walden Andrews		Angus Graham Andrews
Address	615 Bob Sikes Road	_ Name and Title Address:	615 Bob Sikes Road
nuces	DeFuniak Springs, Fl 32435	_ Additss.	DeFuniak Springs, FL 32435
	President	-	Vice President
Name and Title	· · · · · · · · · · · · · · · · · · ·	Name and Title	:
Address		_ Address:	
		_	
Name and Title:		Name and Title	
Address		_ Address:	
		-	

Name a	and Title:	Name and Title:
Addre	ss	Address:
RTICLE VI	REGISTERED AGENT	
he <u>name and l</u>	Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
ame:	Luke Walden Andrews	
ddress:	615 Bob Sikes Road	
	DeFuniak Springs, FL 32435	
RTICLE VII	INCORPORATOR	
e <u>name and a</u>	address of the Incorporator is:	
Name:	Luke Walden Andrews	
Address:	615 Bob Sikes	70
	DeFuniak Springs, FL 32435	
iving been na is certificate, i	amed as registered agent to accept service of process j I am familiar with and agcept the appointment as regi	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
submit this do	ocument and affirm that the facts stated herein are to Department of State/constitutes a third degree felony	rue. I am aware that the false information submitted in a provided for in s.817.155, F.S.
	Required Signature/Incorporator	Date