

P15000001510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

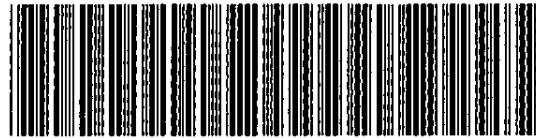
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/07/15--01003--020 **78.75

15 JAN -7 PM 1:50
RECEIVED
CLERK OF COURT

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15 JAN -7 PM 2:06
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER,

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

SUBJECT: TOP RANK TRUCKING OF KISSIMMEE 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: KIERON JONES

Name (Printed or typed)

2355 ROSS STREET

Address

KISSIMMEE FL 34744

City, State & Zip

407-301-2416

Daytime Telephone number

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

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

1/7/15

To Whom it may concern.

I will not be renewing TOP Rank
Trucking of Kissimmee Inc.

A handwritten signature in cursive script, appearing to read "Shuf".

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:

TOP RANK TRUCKING OF KISSIMMEE INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

**2355 ROSS STREET
KISSIMMEE FL 34744**

Mailing address, if different is:

**2355 ROSS STREET
KISSIMMEE FL 34744**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **CEO-KIERON JONES**

Address **2355 ROSS STREET
KISSIMMEE FL 34744**

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

15 JAN - 7 PM 2:08
SECRETARY
KISSIMMEE FL 34744

APPROVED
AND
FILED

(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: KIERON JONES

Address: 2355 ROSS STREET

KISSIMMEE FL 34744

ARTICLE VII INCORPORATOR

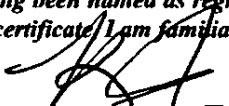
The **name and address** of the Incorporator is:

Name: KIERON JONES

Address: 2355 ROSS STREET

KISSIMMEE FL 34744

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

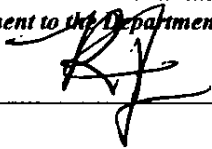


Required Signature/Registered Agent

01/07/2015

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

01/07/2015

Date

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JAN 7 2015

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AND
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