

P15600018338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

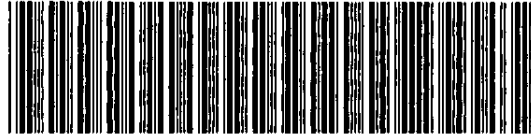
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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02/24/15--01014--003 \*\*70.00

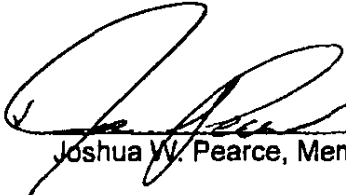
FILED  
2015 FEB 24 PM 1:31  
SECRETARY OF STATE  
Tallahassee, Florida

2/25/15

**CONSENT STATEMENT THAT THERE WILL BE  
NO REVOCATION  
OF DISSOLUTION FOR LIMITED LIABILITY COMPANY**

Joshua W. Pearce and Amanda B. Pearce hereby consent that as members of Josh Pearce & Co, LLC that they will not revoke the dissolution of this entity.

1. The document number of the company is **L14000184483**.
2. The effective date of the Dissolution: Date received by Florida Department of State
3. The revocation of dissolution was authorized by members on January 22, 2015
4. A copy of the Articles of Dissolution is attached.

✓   
Joshua W. Pearce, Member

✓ 1-29-15  
Date

✓   
Amanda B. Pearce, Member

✓ 1-29-15  
Date

**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: JOSH PEARCE & CO.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

150 KOKOMO RD

LAKE HAMILTON, FL 33851

Mailing address, if different is:

P.O. BOX 847

HAINES CITY, FL 33845

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Trucking Business

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2015 FEB 24 PM 1:31  
CLERK OF CIRCUIT COURT  
HAINES CITY, FL 33845

**ARTICLE IV    SHARES**

The number of shares of stock is: 1000

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

Name and Title: JOSHUA W. PEARCE - PRESIDENT

Address: P.O. BOX 847  
HAINES CITY, FL, 33845

Name and Title: AMANDA B. PEARCE - TREASURER

Address: P.O. BOX 847  
HAINES CITY, FL, 33845

Name and Title: AMANDA B. PEARCE - VICEPRESIDENT

Address: P.O. BOX 847  
HAINES CITY, FL, 33845

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

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

Name and Title: JOSHUA W. PEARCE - SECRETARY

Address: P.O. BOX 847  
HAINES CITY, FL, 33845

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

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

(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: JOSHUA W. PEARCE  
Address: 416 FLAGLER ROAD  
WINTER HAVEN, FL 33884

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MyUSAcorporation.com  
Address: 1 Radisson Plaza, Suite 800  
New Rochelle, NY 10801-5769

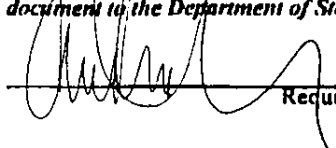
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

02/18/2015

\_\_\_\_\_  
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

2/18/15  
\_\_\_\_\_  
Date

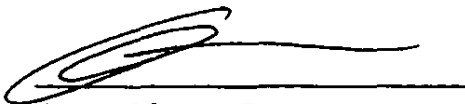
**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which \*Selene Enterprises LLC dba MyUSA corporation.com\* have purchased agent service on through their account with InCorp Services, Inc.

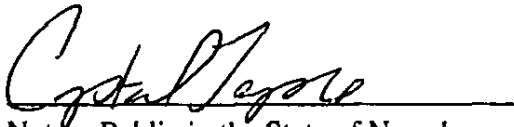
TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2015.



Aurora Murtey, Secretary  
State of Nevada  
County of Clark

Dated: January 19, 2015

Signed in my presence this the 19<sup>th</sup> day of January 2015 by Aurora Murtey, State of Nevada.  
County of Clark



Notary Public in the State of Nevada

