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(Business Entity Name)

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15 MAR 17 AM 10:46
STATE DEPT OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **Left Lane Chain Gang, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Jimmy Ray Peek**

Name (Printed or typed)

2335 W 9 Mile Road

Address

Pensacola, FL 32534

City, State & Zip

850-791-5850

Daytime Telephone number

jimmy_peek@yahoo.com

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: Left Lane Chain Gang, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2335 W 9 Mile Road

Pensacola, FL 32534

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Trucking

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jimmy Ray Peek, President

Address: 2335 W 9 Mile Road
Pensacola, FL 32534

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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STATE OF FLORIDA
TALLAHASSEE

(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: Jimmy Ray Peek

Address: 2335 W 9 Mile Road

Pensacola, FL 32534

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer Phillips

Address: PO Box 526

Robertsdale, AL 36567

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

Jimmy Ray Peek

Required Signature/Registered Agent

3/13/15

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.

Jennifer Phillips

Required Signature/Incorporator

3/13/15

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA