

PI5000042531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

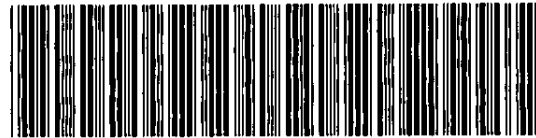
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAY 12 AM 9:08
TALLAHASSEE, FLORIDA

RECEIVED
15 MAY 12 PM 3:26
DIVISION OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Shane M Hadsell Trucking Inc.

Signature _____

Requested by: SETH

05/12/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
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____ Officer Search _____
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____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

15 MAY 12 AM 9:03
TALLAHASSEE, FL
STATE OF FLORIDA
SECRETARY OF STATE

COVER LETTER

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

SUBJECT: Shane M Hadsell 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: Shane Michael Hadsell

Name (Printed or typed)

9236 Rainbow lane

Address

Port Richey, FL 34668

City, State & Zip

727-237-2310

Daytime Telephone number

Shanehadsell1979@gmail.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: Shane M Hadsell Trucking INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9236 Rainbow Lane

Port Richey FL 34668

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To establish a trucking company.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shane Micheal Hadsell VP

Address 9236 Rainbow Lane

Port Richey FL 34668

Name and Title: Michelle Rose Hadsell

Address: 9236 Rainbow Lane

Port Richey FL 34668

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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MAY 12 AM 9:03
CLERK OF CIRCUIT COURT
PORT RICHEY FLORIDA

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: Shane Michael Hadsell
Address: 9236 Rainbow Lane
Port Richey FL 34668

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15 MAY 12 AM 9:08
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shane Michael Hadsell
Address: 9236 Rainbow Lane
Port Richey FL 34668


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

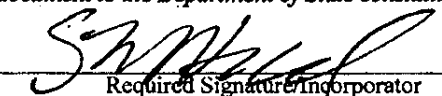
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 Shane M. Hadsell
Required Signature/Registered Agent
5/12/15
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.

 Shane M. Hadsell
Required Signature/Incorporator
5/12/15
Date