## 7/500049798

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

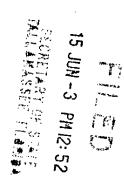
Office Use Only

W15-21197



900270659539

03/18/15--01010--004 \*\*87.50



JUN 8 2015<sup>1</sup> S. GILBERT

## **COVER LETTER**

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

SUBJECT: Southern States Freight & Trucking, Inc.

	·	TE NAME - MOST INCE			
\$70.00 Filing Fee	ginal and one (1) copy of the ar  \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM.		e (Printed or typed)	#33		
	8000 Baymeadows Circle East #33  Address  Jacksonville, FL. 32256				
	<u> </u>	State & Zip			
<del></del>	Daytime Telephone number				
ss	ft.inc@gmail.com				
	E-man address: (to be use	ed for future annual report	iouncation)		

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



RECEIVED

15 JUN -3 AM 10: 21

## FLORIDA DEPARTMENT OF STATE Division of Corporations

S. Inclina Social Februar

March 30, 2015

K. ABORN 8000 BAYMEADOWS CIRCLE EAST #33 JACKSONVILLE, FL 32256

SUBJECT: SOUTHERN STATES FREIGHT & TRUCKING, INC.

Ref. Number: W15000021197

We have received your document for SOUTHERN STATES FREIGHT & TRUCKING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

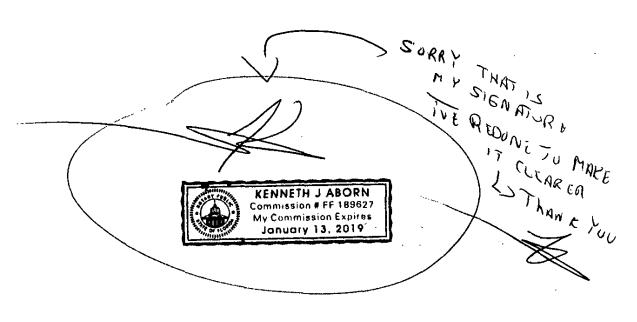
Initials are not Acceptable for Signature.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 415A00006065



www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ت ت	ion shall be: Southern States F	,	15 m
	NCIPAL OFFICE	N. 4. 111	ng address, if different is PM/2
	Principal street address	Mailii	ng address, if different is 1/2.
oo Baymead	dows Circle East #33	Mailing address, if different is 14/2	
cksonville, F	FI. 32164		T. FL
TICLE III PURE	POSE ne corporation is organized is: Any and	d all Lawful B	usiness
TICLE IV SHA	<u>RES</u> 750		
TCLE IV SHA	RES stock is: 750		
number of shares of s	stock is: 730	<del></del>	
number of shares of s	stock is: 130	 B	
number of shares of s	stock is: 130	Name and Title:	
Name and Title:	stock is: 130	Name and Title:	
TCLE V INIT	TAL OFFICERS AND/OR DIRECTOR Aborn , President 8000 Baymeadows Circle East #33	-	
Name and Title:	TAL OFFICERS AND/OR DIRECTOR	Name and Title:	
Name and Title:	TAL OFFICERS AND/OR DIRECTOR Aborn , President 8000 Baymeadows Circle East #33	Name and Title:	
Name and Title:	Aborn , President 8000 Baymeadows Circle East #33 Jacksonville, Fl. 32256	Name and Title: Address:	
Name and Title:	Aborn , President 8000 Baymeadows Circle East #33 Jacksonville, Fl. 32256	Name and Title:  Address:  Name and Title:	
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Name and Title:  Address  Name and Title:  Address	Aborn , President 8000 Baymeadows Circle East #33  Jacksonville, Fl. 32256	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	

Name and Ti	tle:	Name and Title:	
Address		Address:	
	EGISTERED AGENT		
/	la street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name: Kernet	4 Aborn		
Address: 8	000 Baymeadows Circle East #33		
	lacksonville , FL. 32256		
	VCORPORATOR  ss of the Incorporator is:		
Name: Kinn	ell Aborn		
Address:	8000 Baymeadows Circle East #33		
	Jacksonville , FL. 32256		
Having been named this certificate, I am f	as registered agent to accept service of process j amiliar with and accept the appointment as regi	stered agent and agree to act in this	the place designated in scapacity
	Required Signature/Registered Agent	<del></del>	Date
I submit this docume document to the Department	nt and affirm that the facts stated herein are to ortment of State gonstitutes of third degree felony	ue. I am aware that the false info as provided for in s.817.155, F.S.	rmation submitted in a
	Required Signature/Incorporator		3/9/15
	/ Required dignature mediporator		· Date