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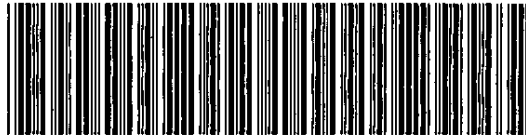
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Bush JUN 18 2015

## COVER LETTER

ATX1

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

**SUBJECT:** D.T.M.P. 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:** DEVON R. THOMAS

Name (Printed or typed)

608 AMES STREET E.

Address

LEHIGH ACRES, FLORIDA 33974

City, State & Zip

239-745-6971

Daytime Telephone number

DEVONTHOMAS8C@GMAIL.COM

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

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

D.T.M.P. TRUCKING, INC.

ATX1

**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: D.T.M.P. TRUCKING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

608 AMES STREET E

LEHIGH ACRES, FL 33974

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: LOCAL DUMP TRUCKING

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: DEVON R. THOMAS, PRESIDENT

Name and Title: DEVON R. THOMAS, TREASURER

Address: 608 AMES STREET E

Address: 608 AMES STREET E

LEHIGH ACRES, FLORIDA 33974

LEHIGH ACRES, FLORIDA 33974

Name and Title: MAUREEN R. PERRY, VICE PRESIDENT

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

Address: 608 AMES STREET E

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

LEHIGH ACRES, FLORIDA 33974

Name and Title: MAUREEN R. PERRY, SECRETARY

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

Address: 608 AMES STREET E

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

LEHIGH ACRES, FLORIDA 33974

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: DEVON R. THOMAS  
Address: 608 AMES STREET E  
LEHIGH ACRES, FLORIDA 33974

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DEVON R. THOMAS  
Address: 608 AMES STREET E  
LEHIGH ACRES, FLORIDA 33974

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**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

Devon Thomas

Required Signature/Registered Agent

6/11/2015

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.

Devon Thomas

Required Signature/Incorporator

6/11/2015

Date