

P 15000058718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

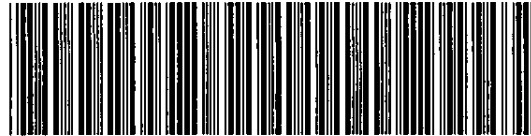
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2545 -



600273796966

08/17/15--01025--001 **78.75

FILED
15 JUL 14 PM 2:36
JUL 14 2015
ALBANY, NY

7/15/15

COVER LETTER

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

SUBJECT: GREEN EYES 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: ALL AMERICAN PERMITS LLC
Name (Printed or typed)
5050 NW 74TH AVE SUITE 104
Address
MIAMI FL 33166
City, State & Zip
3053238684
Daytime Telephone number
PERMITS2009@LIVE.COM
E-mail address: (to be used for future annual report notification)

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

15 JUL 14 PM 2:36

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2015

ALL AMERICAN PERMITS LLC
5050 NW 74TH AVENUE
SUITE 104
MIAMI, FL 33166

RECEIVED JUL 14 2015

SUBJECT: GREN EYES TRUCKING INC
Ref. Number: W15000042946

We have received your document for GREN EYES TRUCKING INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 715A00013087

FILED
15 JUL 14 PM 2:36

GREEN EYES TRUCKING INC

314 LOUIS AVE LEHIGH ACRES FL 33936

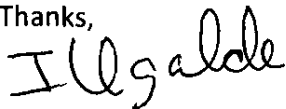
Phone#239-810-9163

07/10/15

To whom it may concern:

Please be advised that, I am giving the release of the company name Green Eyes Trucking Inc.; I have no intention of reinstating, therefore releasing the name for use to another entity.

Thanks,



IHOSVANNY UGALDE

FILED

15 JUL 14 PM 2:37

RECEIVED
JUL 14 2015
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

EFFECTIVE DATE 07/10/15

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be: green eyes trucking inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

MAILING ADDRESS, IF DIFFERENT IS: FL 33936

314 LOUIS AVE

LEHIGH ACRES

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRUCKING OPERATIONS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IHOSVANNY UGALDE (P)

Name and Title: _____

Address 314 LOUI AVE

Address: _____

LEHIGH ACRES FL 33936

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: IHOSVANNY UGALDE
Address: 314 LOUIS AVE
LEHIGH ACRES FL 33936

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: IHOSVANNY UGALDE
Address: 314 LOUIS AVE
LEHIGH ACRES FL 33936

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/10/2015 (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

Required Signature/Registered Agent

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

Date

FILED
15 JUL 14 PM 2:37
CLERK OF THE COURT
HALL OF RECORDS
TALLAHASSEE, FLORIDA