PISDODOUUI

(Requestor's Name)
(Address)
(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:
M2021/21

Office Use Only



900275214769

07/27/15--01005--004 **87.50

SECRETARY OF STATE
DIVISION OF CORPORATION

'AUG 7 2015 I ALBRITTON'

COVER LETTER

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

/	
RECEIVED ANS	
8	

SUBJECT: Linda Lo	Linda Lee Trucking, INC (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	

OM:	Name (Printed or typed) 4506 Elson Ave			
COIVI.				
	Address			
	Sebring,Fla 33875			
,	City, State & Zip			
	(863)443-3208			
	Daytime Telephone number			
	jamespough6@gmail.com			
	E mail addrage: (to be used for future annual report notification)			

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



July 29, 2015

JAMES POUGH 4506 ELSON AVE DEBRING, FL 33875

SUBJECT: LINDA LEE TRUCKING, INC

Ref. Number: W15000051464

We have received your document for LINDA LEE 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):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

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

New Filing Section.

Letter Number: 015A00015967

www.sunbiz.org

Division of Compositions D.O. P.O.V. 6297 Tollahassas Florida 2021

Commence of the second of the

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

<u> (RTICLE II PRINC</u>	Principal street address	Mailing addre	ess, if different is:
1506 Elson Ave			
Sebring, Fla 33875			
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is:		
			2 40
			ALS ON SECURE IN
ARTICLE IV SHARI The number of shares of	stock is:		-6 AM 9: 32
	L OFFICERS AND/OR DIRECTORS James Pough Owner/operator		
Name and Title Address	4506 Elson Ave		
	Sebring,Fla 33875	CO-Strain-Value Value Va	
			
Name and Title	** vitro + 170*	Name and Title:	
Address		Address:	
Name and Title:		- 	
Name and Title: Address	-	Name and Title:	

Name and Title:		Name and Title:	
Addres	ss	Address:	

ADTICI E VI	DECISTEDED ACENT		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	James Pough		
Address:	4506 Elson Ave		
	Sebring, Fla 33875		
ARTICLE VII	_INCORPORATOR		
	address of the Incorporator is:		
Name:	James Pough		
Address:	4506 Elson Ave		
	Sebring,Fla 33875		
4 00000 0 1000	THE PROPERTY OF A STORY		
	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)	
(If an effective days after the f	date is listed, the date must be specific and cannot	t be more than five business days prior or 90 business	
	te inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as	
	uned as registered agent to accept service of process I am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in issered agent and agree to act in this capacity	
_	res Authu Pagl 92 Required Signature/Registered Agent	8/4/15	
₩.	Required Signature/Registered Agent	Date	
	ocument and affirm that the facts stated herein are to Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a	
		0/	
aprinez	Buther Kowh on	014/15	
y Kequ	ured Signature/Incorporator	Date	