

# P15000082512

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

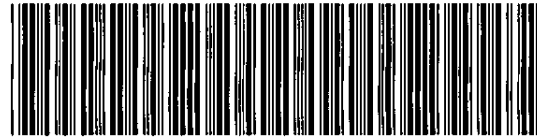
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/17/15--01001--016 \*\*70.00

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FILED  
15 JUN 16 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
15 JUN 16 PM 3:59  
DIVISION OF CORPORATIONS

WAP 6/16/15

## COVER LETTER

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

SUBJECT: ACE TRUCKLINE 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: Alias SMITH, SR.  
Name (Printed or typed)

1397 FERNLEA DR.  
Address

WEST PALM BCH, FL. 33417  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

acetruckline@yahoo.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: ACE TRUCKLINE INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1397 FERNLEA DR.  
WEST PALM BCH, FL. 33417

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRANSPORTATION

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALIAS SMITH, SR. (P) Name and Title: \_\_\_\_\_

Address: 1397 FERNLEA DR. Address: \_\_\_\_\_

W. P. B., FL 33417

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

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

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

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

15 JUN 16 PM 4:31  
STATE OF FLORIDA  
TALLAHASSEE

APPROVED  
AND  
FILED

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: Alias SMITH, SR  
Address: 1397 FERNLEA DR.  
W.P.B., FL. 33417

**ARTICLE VII INCORPORATOR**

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

Name: Alias SMITH, SR  
Address: 1397 FERNLEA DR.  
W.P.B., FL. 33417

SECRET  
FLORIDA  
DEPARTMENT OF STATE

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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*

Alias SR  
Required Signature/Registered Agent

6/15/15  
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.*

Alias SR  
Required Signature/Incorporator

6/15/15  
Date

I, Alias Smith, SR have no intention of  
reinstating Ace Truckline Inc., (P13000049704)  
and release the name for use.

Alias Smith, SR  
6/16/15

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AND  
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TALLAHASSEE FLORIDA