P15000100437

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COVER LETTER

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

SUBJECT:	William End (PROPOSED CORPO	wilson Tru	ching Inc
	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the a	articles of incorporation and	d a check for:
	□ \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	Payroll & y		_
	2100 W	76 Stree	<i>f</i>
	Hialeah Cit		
	786 - 40	/ - 7873 Telephone number	
	•	·	
	Sers 825 E-mail address: (to be u	e hotmail.	notification)

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

William Rodriguez 343 W 45 Street Hialeah, FL 33012

To whom it may concern;

I William Rodriguez, president of William and Wilson Trucking Inc. (Document # P14000071747) will not be renewing above corporation for 2015. I am asking The Florida Department of Corporation to dissolve William and Wilson Trucking Inc. (document # # P14000071747). I would like to reopen a new corporation under the same name as per attached documents.

Should you have any question please contact me at the 786-200-7968.

Sincerely

William Rodriguez

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

The name of the corporati	on shall be:	William	n and	Wilson	Tr	vetting	Inc.
ARTICLE II PRINCI				Mailing address, if different is:			
343 W	45	Street		343	w.	45	street
Higleah,	FL	330/	2	High	ea b,	FL	33012
ARTICLE III PURPO. The purpose for which th	e corporation is		Try	15 po (h	ation	of	
in US	Roadu	145.					
						TALLA	5 5 8 8 1
				· · · · ·		 	
ARTICLE IV SHARE The number of shares of s ARTICLE V INITIAL	tock is:	ND/OR DIREC				E. FLORIDA	1 to 09
Name and Title:							
	343						
	Higlen	4, FL	330/	<u> </u>			
Name and Title:	44		N	ame and Title:_			
Address			A	ddress:			
				- -			
Name and Title:		**************************************	N	ame and Title:_			
Address	·		A	ddress:			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	_			

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:	
Address: 343 w	william 45 Street	
Higlesh,	FL 330/2	15 DEC IL PH IN 09
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator		
Name: Payroll	of tax services	PH III 09
Address: 2100 ce	76 Stroof	10A 10B 10B 10B 10B 10B 10B 10B 10B 10B 10B
Hirleyh	f tax senices 76 street FL 330/6	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filin (If an effective date is listed, the date mu days after the filing.)	ng: (OPTIONAL) st be specific and cannot be more than five business da	ays prior or 90 business
Note: If the date inserted in this block does the document's effective date on the Depart	s not meet the applicable statutory filing requirements, thi tment of State's records.	s date will not be listed as
	accept service of process for the above stated corporation of the appointment as registered agent and agree to act in	
x Millioni		12/9/15
. 5	ure/Registered Agent	Date
	e facts stated herein are true. I am aware that the false itutes a third degree felony as provided for in s.817.155, F	
Required Signature/Incorporato	*	12/9/15