P16000008733

(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:
AUTHOHIZATION BY PHONE TO
CORRECT Shares
DATE d/1/16
DOC. EXAM
WIV

Office Use Only



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SECRETARY OF STATE





COVER LETTER

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

SUBJECT: Le	ila Lang Truckii	ng Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the arti	cles of incorporation and	d 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 PY REQUIRED
FROM:	Ronald W. La		
<u>+</u>	acksumille, FL. 3		
	City,	State & Zip	

904-229-9227

Daytime Telephone number

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

ronald 1010@ comeast.net

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



January 20, 2016

RONALD W. LANG P.O. BOX 26812-32226 JOHNSONVILLE, FL 32226

SUBJECT: LEILA LANG TRUCKING INC.

Ref. Number: W16000003853

We have received your document for LEILA LANG TRUCKING INC. and your check(s) totaling \$70.00. 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.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 916A00001279

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



	Lang Trucking Inc. 16 FEB-1 PM 5:
Principal street address	Mailing address, if defentionally OF STAT
2153 Courtney Drive	P.O. BOX 24812
Jacksunville, FL. 32208	Jacksonville, FL. 32226
	s: to provide affordable transportation.
moving and storing services.	
ETICLE IV SHARES e number of shares of stock is:	. 1
e number of shares of stock is: ETICLE V INITIAL OFFICERS AND/OR DIR	
e number of shares of stock is: ETICLE V INITIAL OFFICERS AND/OR DIR	RECTORS Name and Title:
e number of shares of stock is: CTICLE V INITIAL OFFICERS AND/OR DIR Name and Title:	RECTORS Name and Title:
e number of shares of stock is: CTICLE V INITIAL OFFICERS AND/OR DIR Name and Title:	RECTORS Name and Title:
e number of shares of stock is: CTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: Address	RECTORS Name and Title:
e number of shares of stock is: CTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: Address	Name and Title: Address: Name and Title:
Name and Title:	Name and Title: Address: Name and Title: Address:
Name and Title: Name and Title: Address Address	Name and Title: Address: Name and Title: Address:
Name and Title: Address Address Address	Name and Title: Address: Name and Title: Address:



Name and Title: Name and Title: SECRETARY OF STATE Address: Address REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Jacksmulle, FL. 32208 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 1) ecernber 31, 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 1-4-16 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 1 - 1 - 112 Date