

P160000/4723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 FEB -2 AM 10:25

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: MARNAN 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MARNAN TRUCKING, INC

Name (Printed or typed)

3406 70th ST W

Address

LEHIGH ACRES, FL 33971

City, State & Zip

614-565-8352

Daytime Telephone number

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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: MARNAN TRUCKING, INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different

3406 70th ST W

LEHIGH ACRES, FL 33971

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

FOR TRANSPORTATION OF GOODS, i.e. OVER THE ROAD TRUCKING SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARVIN J GARRETT - PRESIDENT

Name and Title: NANCY L GARRETT - SEC'Y TREAS

Address 3406 70th ST W

Address: 3406 70th ST W

LEHIGH ACRES, FL 33971

LEHIGH ACRES, FL 33971

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVAL
AND
FILED

16 FEB -2 AM 10: 25

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARVIN J GARRETT
Address: 3406 70th ST W
LEHIGH ACRES, FL 33971

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARVIN J GARRETT
Address: 3406 70 th ST W
LEHIGH ACRES, FL 33971

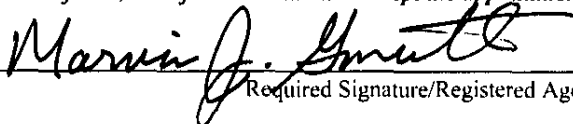
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2016. (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.)

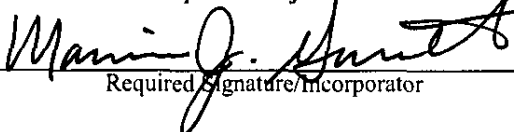
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

01-26-15
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.


Required Signature/Incorporator

01-26-15
Date