

P16000021578

(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:

RECEIVED FEB 29 REC'D

Office Use Only



600282437506

03/01/16--01003--007 **78.75

FILED
16 FEB 29 PM 12:58
SECONDARY OF STATE
TALLAHASSEE, FLORIDA

MD 3/9

**SMITH'S AGRICULTURE
AND TRUCKING SERVICES, INC.
2994 CLIFTON BRYAN ROAD
ZOLFO SPRINGS, FL33890**

FEBRUARY 4, 2016

**Department of Corporations
P.O. box 6327
Tallahassee, fl, 32314**

**SUBJECT:
SMITH'S AGRICULTURE AND TRUCKING SERVICES, INC.**

**Enclosed are an original and one (1) copy of the Articles of
Incorporation and a check for \$78.75 to cover the Filing Fee and
Certificate of Status.**

FROM:

**DENISE SMITH
2994 CLIFTON BRYAN ROAD
ZOLFO SPRINGS, FL 33890
863-781-4911
rodeogl44@yahoo.com**

ARTICLES OF INCORPORATION

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

ARTICLE I NAME:

The name of the corporation shall be: SMITH'S AGRICULTURE AND TRUCKING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE:

2994 CLIFTON BRYAN RD
ZOLFO SPRINGS, FL 33890

ARTICLE III PURPOSE:

The purpose for which the corporation is organized is: Offering services that entails the use of the tractor in all aspects of it's ability; transportation of livestock; and breaking and training horses. Also offering services in the trucking industry by connecting shippers and receivers nationwide.

ARTICLE IV SHARES

The number of shares of stock is ten (10).

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Denise Smith, President
2994 Clifton Bryan Road
Zolfo Springs, FL 33890

ARTICLE VI REGISTERED AGENT:

Joann Summerlin
2684 State Road 66
Zolfo Springs, FL 33890

FILED
16 FEB 29 PM 12:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

Denise Smith
2994 Clifton Bryan Road
Zolfo Springs, FL 33890

ARTICLE VIII EFFECTIVE DATE:

2/5/2016

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



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



Date

FILED
16 FEB 29 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA