

P16000042456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

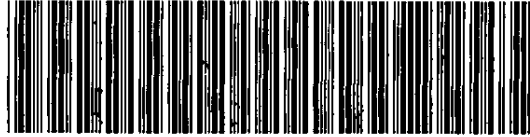
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16 MAY -6 PM 1:14
TALLAHASSEE, FLORIDA

05-17-16
✓

COVER LETTER

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

SUBJECT: Deiyanie 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: David Rodriguez
Name (Printed or typed)

4065 Edsel Ave
Address

St Cloud, FL 34772
City, State & Zip

407-486-4491
Daytime Telephone number

davidrodriguez0828@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: Deiyanie Trucking Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4065 Edsel Ave

St Cloud, FL 34772

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dump Truck Company- Hauling

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Rodriguez President 90%

Name and Title: Daniel Planell Vice President 10%

Address 4065 Edsel Ave

Address: 3298 Indiana Ave

St Cloud FL 34772

St Cloud FL 34769

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: David Rodriguez

Address: 4065 Edsel Ave

St Cloud FL 34769

ARTICLE VII INCORPORATOR

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

Name: David Rodriguez

Address: 4065 Edsel Ave

St Cloud FL 34772

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

David Rodriguez
Required Signature/Registered Agent

05/02/2016
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.

David Rodriguez
Required Signature/Incorporator

05/02/2016
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA