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SECURITY TO STATE
MILWAUKEE COUNTY

COVER LETTER

ATX1

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

SUBJECT: ONEAL, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: SEAN LATTIBEAUDIERE

Name (Printed or typed)

11931 ROYAL PALM BLVD APT 102

Address

CORAL SPRINGS, FLORIDA 33065

City, State & Zip

954-882-7561

Daytime Telephone number

DSANDERFOR@CS.COM

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

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

ONEAL, INC.

ATX1

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: ONEAL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

11931 ROYAL PALM BLVD. APT 102

Mailing address, if different is:

CORAL SPRINGS, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LONG DISTANT TRUCKING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SEAN LATTIBEAUDIERE, PRESIDENT

Address: 11931 ROYAL PALM BLVD APT 102

CORAL SPRINGS, FL 33065

Name and Title: SEAN LATTIBEAUDIERE, TREASURER

Address: 11931 ROYAL PALM BLVD APT 102

CORAL SPRINGS, FL 33065

Name and Title: KAREN THOMAS, VICE PRES.

Address: 11931 ROYAL PALM BLVD APT 102

CORAL SPRINGS, FL 33065

Name and Title: _____

Address: _____

Name and Title: KAREN THOMAS, SECRETARY

Address: 11931 ROYAL PALM BLVD 102

CORAL SPRINGS, FL 33065

Name and Title: _____

Address: _____

16 JUL 29 PM 2:02

ONEAL, INC.

ATX1

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: SEAN LATTIBEAUDIERE

Address: 11931 ROYAL PALM BLVD APT 102

CORAL SPRINGS, FL 33065

ARTICLE VII INCORPORATOR

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

Name: SEAN LATTIBEAUDIERE

Address: 11931 ROYAL PALM BLVD APT 102

CORAL SPRINGS, FL 33065


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/15/2016 . (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

7-14-16

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

7-14-16

Date