

# P/B0000675/5

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

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

SUBJECT: SHANE MULLINS 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: SHANE MULLINS TRUCKING INC  
Name (Printed or typed)

807 SPRUCE ST

Address

NEW SMYRNA BEACH, FLORIDA, 32168

City, State & Zip

3868715750

Daytime Telephone number

ERICBERNARD91@GMAIL.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** SHANE MULLINS TRUCKING INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:

807 SPRUCE ST

NEW SMYRNA BEACH FL 32168

**ARTICLE III PURPOSE** TRUCKING  
The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SHANE ERIC BERNARD MULLINS Name and Title: \_\_\_\_\_

Address: PRESIDENT Address: \_\_\_\_\_

807 SPRUCE ST

NEW SMYRNA BEACH FL 32168

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: SHANE ERIC BERNARD MULLINS  
Address: 807 SPRUCE ST  
NEW SMYRNA BEACH, FL 32168

**ARTICLE VII INCORPORATOR**

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

Name: SHANE ERIC BERNARD MULLINS  
Address: 807 SPRUCE ST  
NEW SMYRNA BEACH, FL 32168

**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*

Shane Mullins 08/02/16  
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.*

Shane Mullins 08/02/16  
Required Signature/Incorporator Date