

P16000084464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

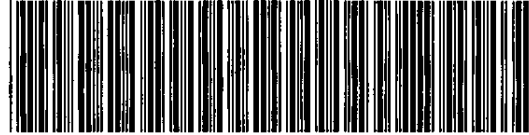
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

616-59387

Office Use Only



800289208928

08/19/16--01015--012 \*\*78.75

FILED  
2016 OCT 17 AM 7:25  
SEAL/RY OF STATE  
TALLAHASSEE, FLORIDA

V HERRING  
OCT 20 2016

## COVER LETTER

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

SUBJECT: VIOLETA TRUCKING  
(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: HAROLD SIMMONDS  
Name (Printed or typed)

6827 SWAIN AVE  
Address

TAMPA, FLORIDA 33625  
City, State & Zip

813 385-1647  
Daytime Telephone number

HAROLDSIMMONDS@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2016

HAROLD SIMMONDS  
6827 SWAIN AVE  
TAMPA, FL 33625

SUBJECT: VIOLETA TRUCKING  
Ref. Number: W16000059387

We have received your document for VIOLETA TRUCKING and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 116A00018247

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be: VIOLETA TRUCKING INC 2016 OCT 17 AM 7:25

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE  
MAILING ADDRESS, IF DIFFERENT IS: FLORIDA

6827 SWAIN AVE  
TAMPA, FLORIDA 33625

6827 SWAIN AVE  
TAMPA, FLORIDA 33625

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ENAGAGE IN TRUCKING BUSINESS  
TRANSPORTATION OF GOODS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HAROLD SIMMONDS Name and Title: PRESIDENT  
Address: 6827 SWAIN AVE Address: \_\_\_\_\_  
TAMPA, FLORIDA 33625

Name and Title: TALONIS VILAMONTES GUESADA Name and Title: VICE PRESIDENT  
Address: 6827 SWAIN AVE Address: \_\_\_\_\_  
TAMPA, FLORIDA 33625

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

FILED

Name and Title: \_\_\_\_\_ Name and Title: 2016 OCT 17 AM 7:25  
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: HAROLD SIMMONDS  
Address: 6827 SWAIN AVE  
TAMPA, FL 33625

**ARTICLE VII INCORPORATOR**

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

Name: HAROLD SIMMONDS  
Address: 6827 SWAIN AVE  
TAMPA, FL 33625

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: SEPT 1, 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

08/16/16  
\_\_\_\_\_  
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

08/16/16  
\_\_\_\_\_  
Date