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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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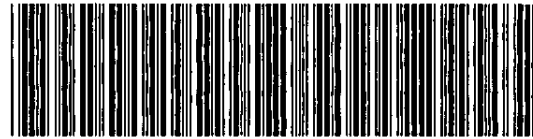
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2016 NOV 15 PM 2:55  
CLERK  
MILWAUKEE COUNTY

## COVER LETTER

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

**SUBJECT:** TRUC T. TRAN, 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:** TRUC T. TRAN

Name (Printed or typed)

5639 WESTERN WAY

Address

LAKE WORTH, FL 33463

City, State & Zip

(561) 752-3244

Daytime Telephone number

DIANNASTAXSVC@AOL.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: TRUC T. TRAN, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5639 WESTERN WAY

LAKE WORTH, FL 33463

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: TRUC T. TRAN, PRESIDENT

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

Address 5639 WESTERN WAY

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

LAKE WORTH, FL 33463

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2010 NOV 15 PM 2:53  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

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: TRUC T. TRAN  
Address: 5639 WESTERN WAY  
LAKE WORTH, FL 33463

**ARTICLE VII INCORPORATOR**

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

Name: DIANNA TAYLOR  
Address: 5311 COURTNEY CIRCLE  
BOYNTON BEACH, FL 33472


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**ARTICLE VIII EFFECTIVE DATE:**


Effective date, if other than the date of filing: NOVEMBER 1, 2016 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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  
✓ 11/11/16  
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  
11/7/16  
Date