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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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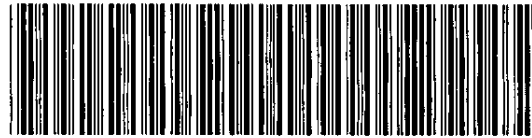
(Business Entity Name)

(Document Number)

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 APR -6 AM 10:30

RECEIVED  
2017 APR -4 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*WKS 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  
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: \_\_\_\_\_

*William K. Smith III*

Name (Printed or typed)

*2221 NE 160 - 4<sup>th</sup> STREET*

Address

*SUITE 1133*

*N. MERIDIAN BLVD, FLORIDA*

City, State & Zip

*33160*

*276-613-4363*

Daytime Telephone number

*WKSINC@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: WKS TRUCKING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2221 NE 160 4th STREET  
Suite 1133  
North Miami Beach, FL 33160

Mailing address, if different is: \_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRUCKING COMPANY  
THIS CORPORATION IS ORGANIZED FOR  
THE PURPOSE OF TRANSACTING ANY AND ALL  
LAWFUL BUSINESS FOR WHICH CORPORATIONS  
MAY BE INCORPORATED UNDER CHAPTER 607,  
FLORIDA STATUTES.

ARTICLE IV SHARES

The number of shares of stock is: 1 SHARE AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William K. Smith III Name and Title: \_\_\_\_\_  
CEO  
Address: 2221 NE 160-4th Address: \_\_\_\_\_  
Suite 1133  
North Miami Beach, FL  
33160

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 APR -L AM 10:30

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:

William K. Smith III

Address:

2221 NE 160-4th Street Suite 1133  
N. Miami Beach, Florida 33160

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DIVISION OF CORPORATIONS  
17 APR - 6 AM 10:30

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

William K. Smith III

Name:

WKS Trucking INC.

Address:

2221 NE 160-4th Street Suite 1133  
N. Miami Beach, Florida 33160

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2-28-2017 (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

William K. Smith III

Required Signature/Registered Agent

3/4/2017

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.

William K. Smith III

Required Signature/Incorporator

3/4/2017

Date