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

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

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

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

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

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

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

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17 APR 26 PM 12:11  
SECURITY OF STATE  
TALLAHASSEE, FLORIDA

2017 APR 26 AM 11:34  
TALLAHASSEE, FLORIDA

APR 26 2017

T SCHROEDER

## COVER LETTER

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

SUBJECT: Reliable Truck Repair & Tire Service 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: Robert Jackson  
Name (Printed or typed)

3070 Patricia Dr  
Address

Pensacola FL 32526  
City, State & Zip

850 288 0411  
Daytime Telephone number

rob.201055@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: Reliable Truck Repair & ~~Auto~~ Tire service Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3070 Patricia Dr

Pensacola FL 32526

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mechanics & Tire service for  
Truckers at a affordable rate

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P Robert Jackson Jr Name and Title: \_\_\_\_\_

Address: 3070 Patricia Dr Address: \_\_\_\_\_

Pensacola FL 32526 \_\_\_\_\_

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

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

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

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

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17 APR 26 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Robert Jackson  
Address: 3070 Patricia Dr  
Pensacola FL 32526

**ARTICLE VII INCORPORATOR**

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

Name: Robert Jackson  
Address: 3070 Patricia  
Pensacola FL 32526


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 4-26-17 (OPTIONAL)

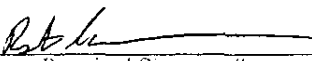
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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 4-26-17 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 4-26-17 Date

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