

P17000 046 126

(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:

Office Use Only



500299610215

05/25/17--01004--007 **78.75

416755610215


17 MAY 25 AM 7:12

RECEIVED
DEPARTMENT OF STATE
17 MAY 25 AM 10:42

D O'KEEFE

MAY 25 2017

I Alias En Dr will not be re-instating
ACE Truckline Inc # P15000082512

Alias 
5/25/17

D O'KEEFE
MAY 25 2017

P17000046126

COVER LETTER

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

SUBJECT: ACE Truckline 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: Alias SNT
Name (Printed or typed)

1397 Fernlea Dr
Address

West Palm Bch, FL 33417
City, State & Zip

470-786-2253
Daytime Telephone number

Alias.senior21@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: Ace Truckline Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1397 Fernlea Dr
West Palm Bch, FL 33417

1397 Fernlea Dr
West Palm Bch, FL 33417

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alias Smith (P) Name and Title: _____

Address: 1397 Fernlea Dr Address: _____
West Palm Beach, FL
33417

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY 25 AM 11:03

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: Alias Smith Sr.

Address: 1397 Fernlea Dr

West Palm Bch, FL 33417

ARTICLE VII INCORPORATOR

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

Name: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY 25 AM 11:03

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

Alias S.D. Sr.

Required Signature/Registered Agent

5/25/17

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

Date