

P17-000050651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

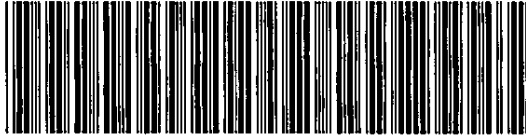
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/15/16--01019--008 **78.75

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17 JUN 12 AM 4: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MCOZ 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: MIGUEL SUAREZ
Name (Printed or typed)
10441 BESSENT RD N
Address
JACKSONVILLE, FL 32244
City, State & Zip
904-305-3874
Daytime Telephone number
cmsuarez829@gmail.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: MCOZ TRUCKING INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>10441 BESSENT RD N</u>	<u></u>
<u>JACKSONVILLE, FL 32218</u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>MIGUEL SUAREZ, PRESIDENT</u>	Name and Title: <u>CHRISTINE M HALL, VP</u>
Address: <u>10441 BESSENT RD N</u>	Address: <u>10441 BESSENT RD N</u>
<u>JACKSONVILLE, FL 32218</u>	<u>JACKSONVILLE, FL 32218</u>

Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>

Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>

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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: CHRISTINE M HALL, VP
Address: 10441 BESSENT RD N
JACKSONVILLE, FL 32218

ARTICLE VII INCORPORATOR

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

Name: MIGUEL SUAREZ
Address: 10441 BESSENT RD N
JACKSONVILLE, FL 32218

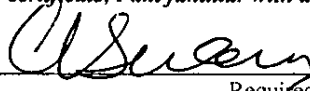
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/05/2016. (OPTIONAL)

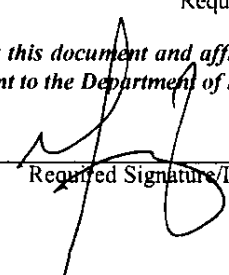
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 _____ 07/05/2016
Required Signature/Registered Agent 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.

 _____ 07/05/2016
Required Signature/Incorporator Date