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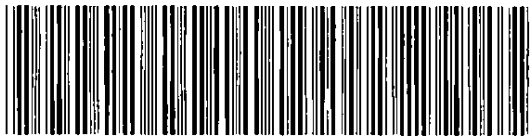

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DATE: 10/23/17

NAME: JUSTIN LABOMBARD TRUCKING INC

TYPE OF FILING: **ARTICLES**

COST: **70.00**

RETURN: **PLAIN COPY PLEASE**

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE** A Hodge

COVER LETTER

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

SUBJECT: Justin LaBombard 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: Justin LaBombard
Name (Printed or typed)

2607 Travelers Palm Dr.
Address

Edgewater, FL. 32141
City, State & Zip

(386) 405-2635
Daytime Telephone number

justinlabombard@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: Justin LaBombard Trucking Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

2607 Travelers Palm Dr.
Edgewater, FL. 32141

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Logistics and Moving Services

ARTICLE IV SHARES
The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin LaBombard

Address 2607 Travelers Palm Dr.
Edgewater, FL. 32141

Name and Title: President

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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: Justin LaBombard

Address: 2607 Travelers Palm Dr.
Edgewater, FL. 32141

ARTICLE VII INCORPORATOR

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

Name: Justin LaBombard

Address: 2607 Travelers Palm Dr.
Edgewater, FL 32141

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6-12-2017 (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

_____ 6-12-2017
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.

_____ 6.12.2017
Required Signature/Incorporator Date