

P/7000067637

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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17 AUG 10 AM 11:37  
OFFICE OF THE STATE  
TALLAHASSEE, FLORIDA

08/11/17

## COVER LETTER

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

**SUBJECT:** TRUE TRANSPORT CORP.

(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:** JASON T SMITH  
Name (Printed or typed)

P O BOX 15004  
Address

BRADENTON, FL 34280  
City, State & Zip

770-296-1270  
Daytime Telephone number

nexball@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: TRUH TRANSPORT CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3606 Summerwind Circle

P O Box 15004

Bradenton, FL 34209

Bradenton, FL 34280-5004

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide transportation services for cargo through commercial vehicles to be operated by drivers with a CDL licenses.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jason T. Smith, Owner/Director

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

Address 3606 Summerwind Circle

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

Bradenton, FL 34280

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

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

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

Address \_\_\_\_\_ 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: Jennifer A Smith  
Address: 7707 10th Avenue, NW  
Bradenton, FL 34209

**ARTICLE VII INCORPORATOR**

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

Name: Jason T. Smith  
Address: P O Box 15004  
Bradenton, FL 34280

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

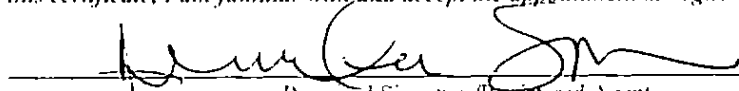
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: July 14, 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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

July 14, 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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

July 14, 2017  
\_\_\_\_\_  
Date