

PIF000052040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

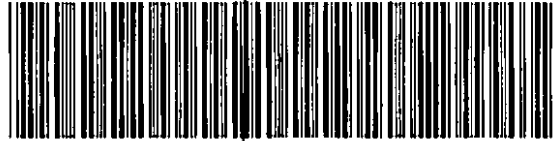
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

JUN 12 2018

T. SCOTT



500314464415

06/11/18--01004--002 **70.00

FILED
2018 JUN -8 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 14, 2018

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

Re: ORMSBY TRUCKING INC

To whom it may concern:

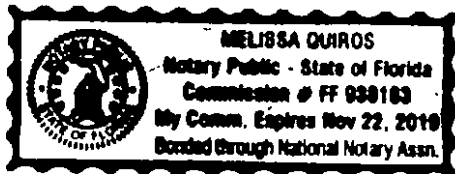
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



DEVON ORMSBY



COVER LETTER

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

SUBJECT: ORMSBY TRUCKING 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: MARIA E RUIZ

Name (Printed or typed)

7750 SW 117TH AVE SUITE 201D

Address

MIAMI FLORIDA 33183

City, State & Zip

3055952407

Daytime Telephone number

MARIAQUIROS9@HOTMAIL.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: ORMSBY TRUCKING CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13921 NW 2ND AVE

7750 SW 117TH AVE SUITE 201D

MIAMI FLORIDA 33168

MIAMI FLORIDA 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DEVON ORMSBY, PRES

Name and Title: _____

Address 13921 NW 2 AVE

Address: _____

MIAMI FLORIDA 33168

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2018 JUN - 8 AM 9:13
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: DEVON ORMSBY
Address: 13921 NW 2 AVE
MIAMI FLORIDA 33168

ARTICLE VII INCORPORATOR

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

Name: DEVON ORMSBY
Address: 13921 NW 2 AVE
MIAMI FLORIDA 33168

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/15/18 (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

D Ormsby

Required Signature/Registered Agent

6/4/18
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.

D Ormsby

Required Signature/Incorporator

6/4/18
Date