

P180000 89988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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10/17/18--01036--006 \*\*70.00

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OCT 17 2018

18 OCT 17 AM 9:51

RECEIVED  
DIVISION OF CORPORATIONS

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

Taylor Truck 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: \_\_\_\_\_

Taylor Truck INC

Name (Printed or typed)

5350 NW MILNER DR

Address

Fort St Lucie FL 34983

City, State & Zip

954 816-0875

Daytime Telephone number

Taylor Trucking & CD CHASSIS-CON

E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS

**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:

Taylor Truck INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5350 NW 17th Ave Dr  
Fort St Lucie  
FL 34983

Mailing address, if different is:

PO Box 13523  
Fort Pierce FL 34979

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Trucking

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Kirk Taylor/P

Name and Title:

Address

5350 NW 17th Ave Dr  
Fort St Lucie  
FL 34983

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

18 OCT 17 AM 9:54

CLERK OF COURT  
DIVISION OF CORPORATIONS

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: Kirk Taylor

Address: 5350 NW Milner Dr  
Port St Lucie, FL, 34983

**ARTICLE VII INCORPORATOR**

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

Name: Kirk Taylor

Address: 5350 NW Milner Dr  
Port St Lucie FL 34983

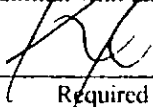
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10-10-18 (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*

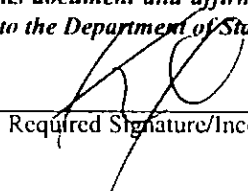


\_\_\_\_\_  
Required Signature/Registered Agent

10-10-18

\_\_\_\_\_  
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.*

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

10-10-18

\_\_\_\_\_  
Date

P18 0000 899<sup>10-10-18</sup> 88

Taylor Truck INC  
5350 NW Milner DR  
Port St Lucie FL 34983

Division of Corporation  
New Filing Section

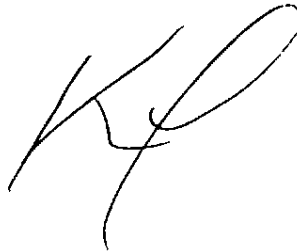
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Requesting To Have My Name Back

I am requesting to have my old business name on my new corporation  
It is Taylor Truck INC.

Thank You

Kirk Taylor SR



FILED  
CLERK OF STATE  
17 OCT 2018  
10 AM  
TALLAHASSEE, FL