

P19000018270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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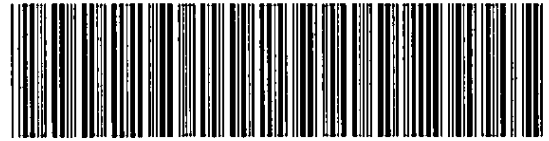
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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OCT 18 2019

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

SUBJECT: ROBBINS 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: BOB LANE'S COMPLETE ACCOUNTING & TAX SERVICE

Name (Printed or typed)

400 TOMPKINS STREET

Address

INVERNESS, FL 34450-4139

City, State & Zip

352-344-2888

Daytime Telephone number

rlanejr@tampabay.rr.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: ROBBINS TRUCKING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9799 N. TIMBER CREEK TERRACE

DUNNELLON, FL 34433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRUCKING AND/OR ANY OTHER BUSINESS OF A LAWFUL NATURE

TRUCKING AND/OR ANY OTHER BUSINESS OF A LAWFUL NATURE

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES R ROBBINS - PRESIDENT

Name and Title: _____

Address 9799 N. TIMBER CREEK TERRACE

Address: _____

DUNNELLON, FL 34433

Name and Title: WENDY E ROBBINS-SECRETARY TRE

Name and Title: _____

Address 9799 N. TIMBER CREEK TERRACE

Address: _____

DUNNELLON, FL 34433

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

FILED

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: JAMES R. ROBBINS

Address: 9799 N. TIMBER CREEK TERRACE

DUNNELLON, FL 34433

ARTICLE VII INCORPORATOR

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

Name: JAMES R. ROBBINS

Address: 9799 N. TIMBER CREEK TERRACE

DUNNELLON, FL 34433

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: OCTOBER 1, 2019 (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

James R. Robbins
Required Signature Registered Agent

10/1 2019
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.

James R. Robbins
Required Signature/Incorporator

10/1 2019
Date

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