

P20000076717

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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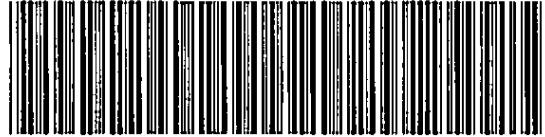
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 27 2020

FILED
2020 AUG 27 PM 4:57
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: ON PURPOSE 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: JAMES ROBINSON
Name (Printed or typed)

4124 SALT SPRINGS LN
Address

LAKELAND FL 33811
City, State & Zip

804-212-8135
Daytime Telephone number

J_VROBINSON@comcast.net
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: ON PURPOSE TRUCKING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4124 SALT SPRINGS LANE

LAKEland, FL 33811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide hauling services for construction sites and builders.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES ROBINSON, PRES. Name and Title: _____

Address 4124 SALT SPRINGS LN Address: _____
LAKEland, FL 33811

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SALT SPRINGS FL

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 ROBINSON

Address: 4124 SALT SPRINGS LANE
LAKELAND, FL 33811

ARTICLE VII INCORPORATOR

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

Name: JAMES ROBINSON

Address: 4124 SALT SPRINGS LANE
LAKELAND, FL 33811

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 1, 2020 (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

X [Signature]

Required Signature/Registered Agent

8-2-20

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.

X [Signature]

Required Signature/Incorporator

8-2-20

Date