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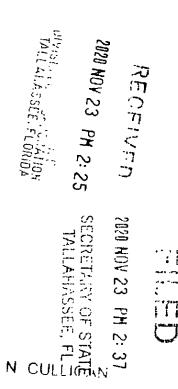
(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Zip	o/Phone #)	
PICK-UP	AIT MAIL	
(Business En	tity Name)	
(Document Number)		
Certified Copies Cer	tificates of Status	
Special Instructions to Filing Office	cer.	





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COVER LETTER

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

SUBJECT:	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status	
from: 🖊	10 Loy Trucking	& Hanling e (Printed or typed)	Inc	
7	06 Awre Leave	Address	170 William	LANR
	Durvicy FlA City	32352 , State & Zip		
	(221) 220 - 6857 Daytime	Telephone number		
M	CLOY IR Willie D g ma	act. Come ed 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)

FILED

ARTICLE I NAME The name of the corporati	on shall be: MCCoy Truck ng	& Hauling	Ive	- 2020 N OV 23 PM 2: 37
ARTICLE II PRINC	IPAL OFFICE	Maili		
170 William	Principal street address	./1	AVIO CLEA	TOTAL PAHASSEE, FL
Duran El	n > -/0		KULD CLEN	TONS RA
Quincy, FA	32352	<u> </u>	cy th	-32357
ARTICLE III PURPO	SE Tuck	Ng Compon		
The purpose for which th	se corporation is organized is: Truck	Mg Company	4	
		<u> </u>		
				,
			•	
			· · ·	·
	·			
ARTICLE IV SHARI The number of shares of share	ES stock is:50 L OFFICERS AND/OR DIRECTORS			
Name and Title	1.111: 110 # 10	Name and Title:		
				
Address	170 William Lane	Address:		
	Kuncy the Preside	<u> </u>	_	-
	323.57		,	
	1. Aux Dilaria			
Name and Title:	120 Willam Lane	Name and Title:		
Address		Address:		
	Quina 1/4	-		
	Secretary	<u> </u>		
	Sencotory			
Name and Title:	=	Name and Title:	 ,	
Address		Address:		

Name and Title:	Name and Title:	
Address	Address:	
• . ,		
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> (P.O. Box	NOT acceptable) of the registered agent is:	
Name: Willie McLoy	1)n_	
Address:		
ho Willia	M Lone Quincy, 1F/A 32352	
	Quincy 18/A	
ARTICLE VII INCORPORATOR	32352	2020 SE(
The <u>name and address</u> of the Incorporator is:		ACR 80 TI
Name: Willie McCo Address: Lizzie Mac	y Jr	7.4.5 A.H.
Address: Lizzie MAC	- Robinson	FILED 2001 NOV 23 PM 2: 37 SECRETARY OF STAT TALLAHASSEE, FL
170 W	Miam Lune Quing, FLA 32352	F ST
	Quing, FIA 32352	37 FL
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:		• • •
(If an effective date is listed, the date must be	e specific and cannot be more than five days prior or	90 days after the
filing.)	N. II. and China and income thing	Line will make his florest an
Note: If the date inserted in this block does not the document's effective date on the Department	t meet the applicable statutory filing requirements, this can of State's records.	inte will not be fisted as
	Control of the second and an according at the	a alam davinantad in this
Having been named as registered agent to accept certificate, I am familiar with and accept the ap	ot service of process for the above stated corporation at th pointment as registered agent and agree to act in this cap	e place designated in this pacity
Willi molen //)		11/23/2000
Willia Moley () Required Signature/R	Registered Agent	Date
I submit this document and affirm that the fac	cts stated herein are true. I am aware that the false inj	formation submitted in a
	s a third degree felony as provided for in s.817.155, F.S.	11/29/2002
Required Signature/Incorpogator	Line Me Robert Date -	11/2/2020
required signature incorposator		,