

P21000089352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

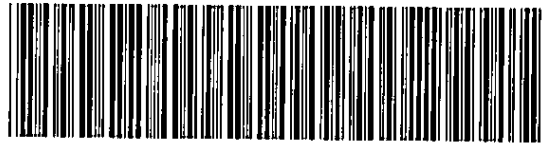
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200368009912

09/11/21 -- 01012 -- 010 **70.00

7/12/21

2021 JUL 12 PM 12:55

OCT 1 2021

W21-89458

May 13, 2021

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

Re: Ormsby Trucking Inc

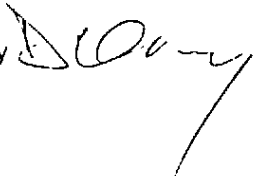
To whom it may concern:

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

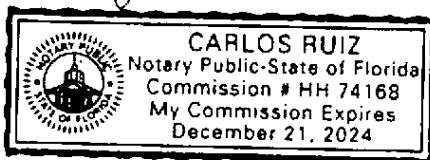
Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Devon Ormsby



2021 JUL 12 PM 12:53





FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2021

MARIA RUIZ
7750 SW 117TH AVE STE 203
MIAMI, FL 33183

SUBJECT: ORMSBY TRUCKING INC
Ref. Number: W21000089458

We have received your document for ORMSBY TRUCKING INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P20000068900.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 421A00013828

2021 JUL 12 PM 12:50

2021 JUL 12 PM 2:21

COVER LETTER

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

SUBJECT: ORMSBY 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 ☐ \$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 RUIZ

Name (Printed or typed)

7750 SW 117TH AVE SUITE 203

Address

MIAMI FLORIDA 33183

City, State & Zip

305 595-2407

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 INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13921 NW 2ND AVE

7750 SW 117TH AVE SUITE 203

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 2ND AVE Address: _____

MIAMI FLORIDA 33168 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2021 JUL 12 PM 12:50
NOTARIAL PUBLIC
MIAMI, 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 2ND AVE

MIAMI FLORIDA 33168

ARTICLE VII INCORPORATOR

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

Name: DEVON ORMSBY

Address: 13921 NW 2ND AVE

MIAMI FLORIDA 33168

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/30/2021 (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

05/15/2021

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

05/15/2021

Date

2021 JUL 12 PM 12:55
MICHIGAN DEPARTMENT OF STATE