

P220000062754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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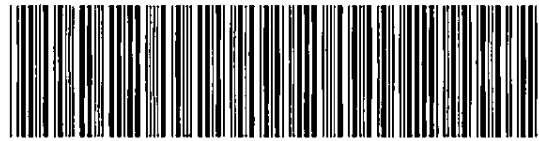
(Business Entity Name)

(Document Number)

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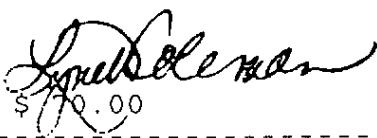
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 874294 4500665

AUTHORIZATION :

COST LIMIT : \$70.00



ORDER DATE : August 9, 2022

ORDER TIME : 8:55 AM

ORDER NO. : 874294-005

CUSTOMER NO: 4500665

DOMESTIC FILING

NAME: EBTRAILERS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

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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: EBTrailers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
14893 Highway 27, Lake Wales, FL 33859

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business or activity under the law of this state.

ARTICLE IV SHARES

The number of shares of stock is: 300,000 total shares; 269,730 of which are designated as non-voting shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Francis W. Flowers, Director</u>	Name and Title:	<u>Francis W. Flowers, President and Treasurer</u>
Address	<u>14893 Highway 27</u> <u>Lake Wales, FL 33859</u>	Address:	<u>14893 Highway 27</u> <u>Lake Wales, FL 33859</u>
Name and Title:	<u>Christina Flowers, Director</u>	Name and Title:	<u>Christina Flowers, Secretary</u>
Address	<u>14893 Highway 27</u> <u>Lake Wales, FL 33859</u>	Address:	<u>14893 Highway 27</u> <u>Lake Wales, FL 33859</u>
Name and Title:	<u>Francis B. Flowers, Director</u>	Name and Title:	
Address	<u>14893 Highway 27</u> <u>Lake Wales, FL 33859</u>	Address:	

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

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ARTICLE VII INCORPORATOR

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

Name: Francis W. Flowers
Address: 14893 Highway 27
Lake Wales, FL 33859

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Eylina Bahor
Assistant Vice President

Required Signature/Registered Agent

08/10/2022

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.