

P22000069970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

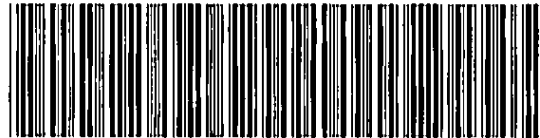
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400393789694

S. CHATHAM
SEP 12 2022

FILED

2022 SEP 12 AM 10:04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 12 PM 3:30

COVER LETTER

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

SUBJECT: Antoneilos 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:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

[illegible]

FROM: United Corporate Services, Inc., Attn: Dolores Burton

Name (Printed or typed)

100 State Street, Suite 800

Address

ALBANY NY 12207

City, State & Zip

Daytime Telephone number

johnantonelos04@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 9/12/22

****WALK IN****

ENTITY NAME Antoneilos Trucking Inc

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

~~XXX~~ Certified Copy
Plain Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
Certificate of Status
Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 48.75

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Lippard

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: ANTONELOS TRUCKING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
694 MERLINS COURT

Mailing address, if different is:

TARPON SPRINGS, FL 34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IOANNIS ANTONELOS, PRESIDENT Name and Title: _____

Address 694 MERLINS COURT Address: _____
TARPON SPRINGS, FL 34689

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 12 PM 3:30

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: IOANNIS ANTONELOS
Address: 694 MERLINS COURT
TARPON SPRINGS, FL 34689

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: IOANNIS ANTONELOS
Address: 694 MERLINS COURT
TARPON SPRINGS, FL 34689

ARTICLE VIII EFFECTIVE DATE:

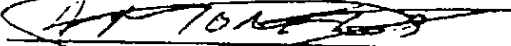
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

XXXXXX



Required Signature/Registered Agent

09-08-22
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.

XXXXXX



Required Signature/Incorporator

09-08-22
Date

22 SEP 12 PM 3:30

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SECRETARY OF STATE
DIVISION OF CORPORATIONS