

P220000079587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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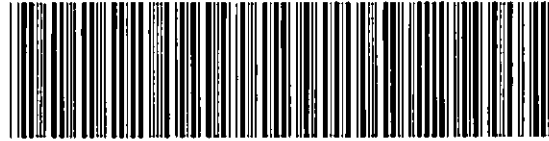
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: O/O united together Trucking + Logistics ^{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: Jennifer Daniels
Name (Printed or typed)

1401 S.W. Martin Luther King Jr. St.
Address

Arcadia, FL 34266
City, State & Zip

850-363-8963
Daytime Telephone number

WTKE2018@gmail.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: D/O United together Trucking + Logistics INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1401 S.W. Martin Luther King Jr. St.
Suite 1421
Arcadia FL 34266

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose is to establish an owner operation Company, where Owner Operators (O/O) can use each other to make good money. This company will help owner operators, do better with their trucking Company.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Daniels President

Address: 1401 S.W. M. L. K. Jr. St.
Suite 1421
Arcadia, FL 34266

N/A

Name and Title:

Address:

N/A

Name and Title:

Address:

N/A

Name and Title:

Address:

N/A

Name and Title:

Address:

N/A

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

WIKI Resource Center

Address: _____

1401 S.W. M. L. K. Jr. St. Ste 1421

Arcadia, FL 34266

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Jennifer Daniels

Address: _____

1678 S.W. Harlem Circle

Arcadia, FL 34266

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

Jennifer Daniels
Required Signature/Registered Agent

10/19/22
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.

Jennifer Daniels
Required Signature/Incorporator

10/19/22
Date