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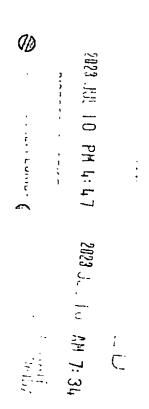
(Requestor's Name)					
	(ddress)				
٩)	(Address)				
(C	city/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(8	Business Entity Name)				
(Ĉ	Ocument Number)				
Certified Copies	Certificates of	f Status			
					
Special Instructions to Fi	ling Officer:				





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COVER LETTER

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

SUBJECT: TR	IPLE J Truckin	a Logistics Ar	nd More In			
	(PROPOSED CORPOR	RATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)			
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 ADDITIONAL CO	Certified Copy & Certificate of Status			
			T REQUIRED			
FROM: <u>Jackie L. Bennett</u> Name (Printed or typed)						
	3072 n. Fulmer					
_	Tallahas	<u>See, Florida</u> y, State & Zip	<u>3230</u> 3			
S50 212 3233 Daytime Telephone number						
E-mail address: (to be used for future annual report notification)						
is their television (to be used for future annual report northeatton)						

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)

The name of the corporation shall be:	ole J Trucking Logistics and more I
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
3072 N Fulmer Circle TALLAHASSEE Fla 329	3072 N Filmer Circle Talkhassec Fl 3230
ARTICLE III PURPOSE The purpose for which the corporation is organized CONC TOWING BUSINES	is: To establish a Trucking
ARTICLE IV SHARES The number of shares of stock is:	
Name and Title: Lacke L. B	President Rame and Title:
	mer Circle Address:
Name and Title: George A. H	ACCIS Name and Title:
Address YICE Presia 3072 N. Fu	ent Address: Imer Circle
Tallahassa	ee Flq 32303
	Name and Title: 28
Address	Address:
	AH 7: 31

Name and Title	<u> </u>	Name and Title:	
Address		Address:	
			
<u>RTICLE VI REGI</u>	STEDED ACENT		
he <u>name and Florida</u>	street address (P.O. Box NOT acco		:
Same:	lache L. Be	nnett	
\ddress:	3072 n. Fulm	ier Circle	
	Tallahassee, f	<u> 1a 3</u> 2303	
RTICLE VII INCO	<u>PRPORATOR</u>		
he <u>name and address</u>	_		
Name: _	Jackie L. Be	ennett	
Address:	3072 N Fulme	er Circle	
_	Tallahassce	Fla 32303	
iling.) <u>Sote:</u> If the date insert	listed, the date must be specific a sed in this block does not meet the a re date on the Department of State'	applicable statutory filing requir	rements, this date will not be listed as
	registered agent to accept service of ir with and accept the appointment		poration at the place designated in this act in this capacity
- Gache	L Bunnett Required Signature/Registered A	Agent	7/10/23 Date
	t and affirm that the facts stated h tment of State constitutes a third de Lonnet	verein are true. I am aware tha	t the false information submitted in a 817.155, F.S. Date 7 10 23
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