

P23000080012

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2023 NOV 15 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FL 32304

2023 NOV 15 AM 10:52

RECEIVED

COVER LETTER

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

SUBJECT: QAM 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: Clinton Wilson
Name (Printed or typed)

1265 Pangula Dr
Address

Jacksonville, FL 32205
City, State & Zip

904-412-7881
Daytime Telephone number

QAMTrucking@yahoo.com
E-mail address: (to be used for future annual report notification)

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: QAM Trucking inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1265 Pangola Dr
Jacksonville, FL 32205

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 65

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Carroll - president Name and Title: _____

Address: 1265 Pangola Dr Address: _____
Jacksonville, FL 32205

Name and Title: Clinton Wilson VP Name and Title: _____

Address: 1265 Pangola Dr Address: _____
Jacksonville, FL 32205

Name and Title: Quanesha Wilson (Treas) Name and Title: _____

Address: 1265 Pangola Dr Address: _____
Jacksonville, FL 32205

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: Clayton Wilson

Address: 1265 PARADISE DR

JACKSONVILLE, FL

ARTICLE VII INCORPORATOR

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

Name: Clayton Wilson

Address: 1265 PARADISE DR

JACKSONVILLE, FL 32205

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:

[Signature]
Required Signature/Registered Agent

11-15-23
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.

[Signature]
Required Signature/Incorporator

11-15-23
Date

2023 NOV 1 PM 1:50