

P240U0048406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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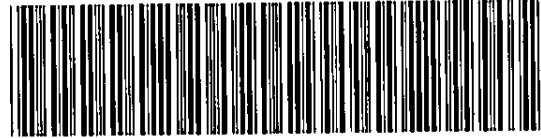
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JUL 23 AM 9:47
ALLAHASSEC, FL
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COVER LETTER

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

SUBJECT: Goins Truck Brokers 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

2024.11.11 2:23 PM 9:47

FILED

FROM: Corey D Moore
Name (Printed or typed)

1914 E Hollywood ave
Address

Estis, FL
City, State & Zip

684-295-0677
Daytime Telephone number

GoinsTruckBrokers@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: Gains Truck Brokers Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1914 E Hollywood ave
Eustis, FL 32726

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Corey D Moore "P"</u>	Name and Title:	_____
Address	<u>1914 E Hollywood ave</u> <u>Eustis FL 32726</u>	Address:	_____ _____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

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CLERK OF DISTRICT COURT
JUL 23 2024
STATE OF FLORIDA

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: COREY D MOORE

Address: 1914 E Hollywood ave

EUSTIS FL 32720

ARTICLE VII INCORPORATOR

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

Name: COREY D MOORE

Address: 1914 E Hollywood ave

EUSTIS FL 32720

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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

COREY D MOORE
Required Signature/Registered Agent

07/23/24
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.

COREY D MOORE
Required Signature/Incorporator

07/23/24
Date