

P24000059646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

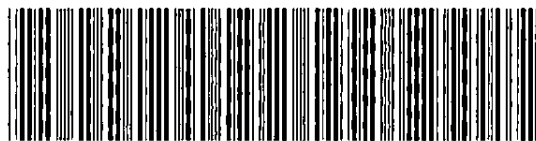
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/04/24--01009-1012

2023 SEP -4 PM 4:54

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COVER LETTER

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

SUBJECT: Naumann Hauling 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: Jarrett Naumann

Name (Printed or typed)

213 Santa Rosa Dr

Address

Winter Haven, FL 33884-3802

City, State & Zip

863 412-3784

Daytime Telephone number

jarrettnaumann@yahoo.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: Naumann Hauling Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

213 Santa Rosa Dr

Winter Haven, FL 33884-3802

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Transportation Services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jarrett Naumann President

Name and Title: _____

Address 213 Santa Rosa Dr

Address: _____

Winter Haven, FL 33884-3802

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2003 SEP -4 PM 4:55
CLERK OF COURT
HILLSBOROUGH COUNTY, FL

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: Jarrett Naumann _____

Address: 213 Santa Rosa Dr _____

Winter Haven, FL 33884-3802 _____

ARTICLE VII INCORPORATOR

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

Name: Jarrett Naumann _____

Address: 213 Santa Rosa Dr _____

Winter Haven, FL 33884-3802 _____

2023 SEP -4 PM 4:55
TALLAHASSEE, FL
DEPARTMENT OF STATE

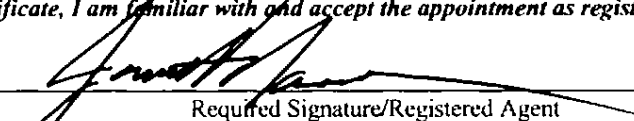
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business days after the filing.)

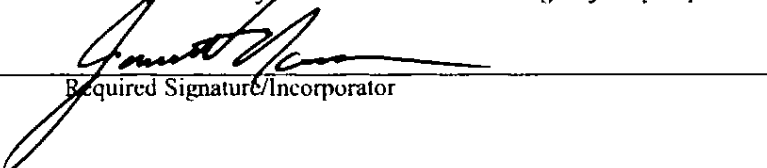
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

8-27-24
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 §817.155, F.S.


Required Signature/Incorporator

8-27-24
Date

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: Naumann Hauling Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

213 Santa Rosa Dr

Winter Haven, FL 33884-3802

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Transportation Services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jarrett Naumann President

Name and Title: _____

Address 213 Santa Rosa Dr

Address: _____

Winter Haven, FL 33884-3802

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2023 SEP - 1 PM 4:55
CLERK OF COURT
HAWAII

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: Jarrett Naumann _____

Address: 213 Santa Rosa Dr _____

Winter Haven, FL 33884-3802 _____

2023 SEP -4 PM 4:55
CLERK OF COURT
STATE OF FLORIDA
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Jarrett Naumann _____

Address: 213 Santa Rosa Dr _____

Winter Haven, FL 33884-3802 _____

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 business days prior or 90 business 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.

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Date