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TRANSMITTAL LETTER

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

000002559720--4
-06/15/98-01071-014
*****78.75 *****78.75

SUBJECT: S & W Truck Services
(Proposed corporate name - must include suffix)

FILED
98 JUN 15 PM 12:07
TALLAHASSEE, FLORIDA

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Paula Anderson
Name (Printed or typed)

1053-E 9th St.
Address

Jacksonville, FL 32206
City, State & Zip

(904) 353 - 8726
Daytime Telephone number

F. CHESER JUN 17 1998

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

S & W Truck Services INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

423 E. 14th Street
Jacksonville, FL 32206

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Paula Anderson
1053 E. 9th St
Jax. Fl. 32206

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Paula Anderson
1053 E. 9th St
Jax. Fl. 32206

Paula Anderson
Signature/Incorporator

6-11-98
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Paula Anderson
Signature/Registered Agent

6-11-98
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA