

P98000081600

Carlton Thomas

Requestor's Name

304 S. Orange Blossom Tral

Address

Orlando, FL 32805 (407)649-1100

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Redemption Trucking Services, Inc.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

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4.

(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED  
98 SEP 21 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**FOR**  
**REDEMPTION TRUCKING SERVICES, INC.**

**FILED**  
98 SEP 21 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE ONE**

THE NAME OF THE CORPORATION IS **REDEMPTION TRUCKING SERVICES, INC.**

**ARTICLE TWO**

THE PERIOD ,TERM AND DURATION IS **PEREPUALITY**

**ARTICLE THREE**

THIS BUSINESS, IF GRANTED CORPORATE STATUS WILL COMMENCE ITS BUSINESS AS A FULL SERVICE TRUCKING COMPANY ,WHEREIN, WE WILL PROVIDE A SPECIALIZED HAULING SERVICE FOR FOR VARIOUS MERCHANTS ACROSS THE CONTIGIOUS U.S. THE BUSINESS WILL TRANSACT ALL OF ITS BUSINESS UNDER THE NAME OF **REDEMPTION TRUCKING SERVICES, INC.**

**ARTICLE FOUR**

THE AGGREGATE NUMBER OF SHARES BY WHICH THE CORPORATION SHALL HAVE THE AUTHORITY TO ISSUE WILL BE 2,000 SHARES . EACH SHARE SHALL A PAR VALUE ON ONE DOLLAR EACH.

**ARTICLE FIVE**

THE CORPORATION WILL NOT COMMENCE ANY OF ITS BUSINESS UNTIL SUCH TIME AS IT HAS RECEIVED FOR THE ISSUANCE OF SHARES AN AMOUNT IN CONSIDERATION OF THE VALUE OF TWO THOUSAND DOLLARS.

**ARTICLE SIX**

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS 1717 HIALEAH STREET ORLANDO FL. ZIP CODE NUMBER 32808. THE NAME OF THE INITIAL REGISTERED AGENT IS **CARLO NESBETH** WHOSE ADDRESS IS 1717 HIAEAH STREET ,ORLANDO FLORIDA ,32808. THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE. 1717 HIALEAH STREET ORLANDO, FLORIDA 32808

**ARTICLE SEVEN**

THE NUMBER OF DIRECTORS WHICH SHALL CONSTITUTE THE BOARD DIRECTORS ARE TWO. THE NAME AND ADDRESS OF THE PERSONS WHO WILL SERVE AS DIRECTOR ARE AS FOLLOWS.

NAME

ADDRESS

**CARLOS NESBETH**

**1717 HIALEAH STREET  
ORLANDO FL. 32808**

**DEVORTE JACKSON**

**1717 HIALEAH STREET  
ORLANDO FL.32808**

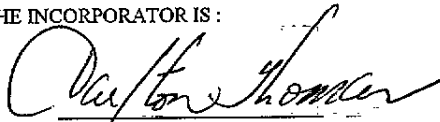
**ARTICLE EIGHT**

THE BOARD OF DIRECTORS SHALL HAVE THE POWER AND THE RIGHT TO DEVELOP, SET, AND OR MODIFY ITS BY-LAWS WITHOUT RESTRICTIONS OF THEIR POWERS AS CONFERRED BY STATUE.

**ARTICLE NINE**

THE NAME AND ADDRESS OF THE INCORPORATOR IS :

**CARLTON THOMAS  
304 SOUTH O.B.T.  
ORLANDO FL. 32805.**

  
CARLTON THOMAS

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS GRANTED FULL CORPORATE STATUS.

**CERTIFICATE OF DESTINATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF FLORIDA SUMITS THE  
FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICER/REGISTERED  
AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS :

**REDEMPTION TRUCKING SERVICES INC.**

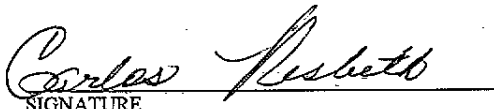
THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS :

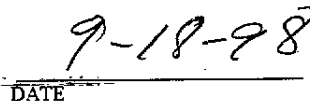
**CARLOS NESBETH**

(NAME)  
1717 HIALEAH STREET  
(P.O. BOXES NOT ACCEPTABLE)  
ORLANDO FL 32808  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS  
FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED IN THIS  
CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND A  
AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE  
PROVISION OF ALL STATUES RELATING TO THE PROPER AND COMPLETE  
PROFORMANCE OF MY DUTIES , AND I AM FAMILIAR WITH AND ACCEPT THE  
OBLIGATIONS OF MY .

  
SIGNATURE

  
DATE