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TRANSMITTAL LETTER

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

100002909241--7  
-06/18/99--01080--024  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: TRUCKER'S INDEPENDENT TRANSPORTATION SERVICE, INC.  
(Proposed corporate name - must include suffix)

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 of Status

☒ \$78.75 Filing Fee & Certified Copy

☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

99 JUN 18 PM 12:43

APPROVED  
AND  
FILED

FROM: Dwayne SLINKARD  
Name (Printed or typed)

4292 FIELD Stone Ct.  
Address

MARIANNA FL 32448  
City, State & Zip

(850) 482-6526  
Daytime Telephone number

RECEIVED  
99 JUN 18 PM 12:37

6/18/99

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

**ARTICLES OF INCORPORATION  
OF  
TRUCKER'S INDEPENDENT TRANSPORTATION SERVICE, INC.**

**ARTICLE I**

The name of this corporation shall be TRUCKER'S INDEPENDENT TRANSPORTATION SERVICE, INC. Principal address is 4304 Fieldstone Ct., Marianna, Fl. 32448.

**ARTICLE II**

The purpose of the business to be transacted by this corporation is any or all lawful business for which corporations may be incorporated under the laws of the United States and the state of Florida.

**ARTICLE III**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

**ARTICLE IV**

The street address of its initial registered office is 4292 Fieldstone Court, Marianna, Fl. 32448 and the name of its initial registered agent at such address is Dawayne Slinkard.

**ARTICLE V**

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

Harley Slinkard  
4304 Fieldstone Court  
Marianna, Fl. 32448

  
Harley Slinkard, Incorporator

6-18-99  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

## CERTIFICATE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated corporation at this 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 duties, and I am familiar with and accept the obligations of my position as registered agent

Dawayne Slinkard

DAWAYNE SLINKARD, Registered Agent

6-18-99

Date

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA