

TRANSMITTAL LETTER

*P99000058396*

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

900002915349--2--  
-06/25/99--01029--011  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

**EFFECTIVE DATE**  
*8-1-99*

**SUBJECT:** *R + B LANEY TRUCKING Corp.*  
(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**

FILED  
99 JUN 25 AM 7:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FROM:** *Barbara W. Laney*  
Name (Printed or typed)

*P.O. Box 882*  
Address

*SPARR FL 32192-0882*  
City, State & Zip

*352/690-1719*  
Daytime Telephone number

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

D. BROWN JUN 29 1999

## ARTICLES OF CORPORATION

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

EFFECTIVE DATE  
8-1-99

FILED  
99 JUN 25 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I: NAME:  
R & B LANEY TRUCKING CORP.

ARTICLE II: PRINCIPAL OFFICE:  
1890 E HWY 329  
PO BOX 882  
SPARR, FL 32192-0882

ARTICLE III: SHARES:  
100 SHARES OF STOCK

ARTICLE IV: INITIAL REGISTERED AGENT AND  
STREET ADDRESS:  
BARBARA W. LANEY  
1890 E HWY 329  
PO BOX 882  
SPARR, FL 32192-0882

ARTICLE V: INCORPORATOR:  
BARBARA W. LANEY  
1890 E HWY 329  
PO BOX 882  
SPARR, FL 32192-0882

Barbara W. Laney  
SIGNATURE/INCORPORATOR

6/23/99  
DATE

ARTICLE VI:

EFFECTIVE DATE OF CORPORATION:

AUGUST 1, 1999

HAVING BEEN NAMED AS REGISTERED AGENT AND 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 THE CAPACITY.

I FUTHER 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.

Barbara W. Loney  
SIGNATURE/REGISTERED AGENT

6/23/99  
DATE

FILED  
99 JUN 25 AM 7:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA