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COVER LETTER

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

SUBJECT: Goins Truck Broke	ers Inc
(PROPOSED CORPORA	TE NAME - MOST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and a check for:
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 S87.50 Filing Fee Filing Fee; & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED
	(Printed or typed)
1914 E Hollywa	od ave
•	State & Zip
0.801 - 2.95 - Daytime Te	$\bigcup \psi \mid I$ elephone number
	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)

The name of the corporat	ion shall be: Gons To	ruck Brokers	Inc	
ARTICLE II PRINC	Principal street address	Maili ———————————————————————————————————	ing address, if different is:	
Eustis, FI	32726			
ARTICLE III PURPO The purpose for which the	OSE ne corporation is organized is:	ny and all	lawful Busine	22
			20124 JUI_	
ARTICLE IV SHARE. The number of shares of s	stock is: 1000		23 AH 9: 47	n
Name and Title	Corey D Move 1914 E Hollywood EUSLIS F1 32729	Name and Title:		
Name and Title:		Name and Title:		
Address				
Name and Title:		Name and Title:		
Address _		Address:		

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: Corey D M	00re
Address: 1914 E Holly	wood ave
Eustis F1 32	2 G
ARTICLE VII INCORPORATOR	2024 JUL 23
The <u>name and address</u> of the Incorporator is:	N 675
Name: LOTE)	7 ILXY L
Address: 1914 E Hol EUSL, 5 F1	14 sacd ave
EUStis FI	<u>32726</u>
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be filing.)	. (OPTIONAL) specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not the document's effective date on the Department	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
	service of process for the above stated corporation at the place designated in this pintment as registered agent and agree to act in this capacity
Covery Mm Required Signature/Re	07/23/24
Required Signature/Re	gistered Agent Date
I submit this document and affirm that the facts document to the Department of State constitutes a	s stated herein are true. I am aware that the false information submitted in a sthird degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	Date 07/23/24

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