

P22000041471

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : M. BURR KEIM COMPANY  
Account Number : I1999000242  
Phone : (215)563-8113  
Fax Number : (215)977-9386

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
MIOT TRUCKING INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED  
2022 MAY 26 PM 2:34  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MIOT TRUCKING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2 Pine Cone Drive
Palm Coast, FL 32135

Mailing address, if different is:
2 Pine Cone Drive
Palm Coast, FL 32135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Trucking

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rolph Miot, Director Name and Title: Rolph Miot, President
Address 2 Pine Cone Drive Address: 2 Pine Cone Drive
Palm Coast, FL 32135 Palm Coast, FL 32135

Name and Title: Rolph Miot, Secretary Name and Title: Rolph Miot, Treasurer
Address 2 Pine Cone Drive Address: 2 Pine Cone Drive
Palm Coast, FL 32135 Palm Coast, FL 32135

Name and Title: Address:
Address: Address:

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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: Rolph Miot  
 Address: 2 Pine Cone Drive  
Palm Coast, FL 32135

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rolph Miot  
 Address: 2 Pine Cone Drive  
Palm Coast, FL 32135

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*(Signature)*  
 Required Signature Registered Agent

5/23/22  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*(Signature)*  
 Required Signature Incorporator

5/23/22  
 Date

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