

**P150002663963**

Florida Department of State  
Division of Corporations  
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CORPORATION

**FLORIDA PROFIT/NON PROFIT CORPORATION  
COLONIAL FREIGHT TRUCKING, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: COLONIAL FREIGHT TRUCKING, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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**

FROM: Elisabeth D. Kozlow, Esq.  
Name (Printed or typed)  
201 Alhambra Circle, 11th Floor  
Address  
Coral Gables, FL 33134  
City, State & Zip  
(305) 442-3334 x. 214  
Daytime Telephone number  
ekozlow@srhl-law.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 NOV -9 PM 1:49

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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)

**ARTICLE I NAME** COLONIAL FREIGHT TRUCKING, INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

18495 S. Dixie Highway \_\_\_\_\_

Miami, FL 33157 \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any lawful purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Derrick Ross, Director Name and Title: \_\_\_\_\_

Address: 18495 S. Dixie Highway Address: \_\_\_\_\_

Miami, FL 33157 \_\_\_\_\_

Name and Title: Derrick Ross, President Name and Title: \_\_\_\_\_

Address: 18495 S. Dixie Highway Address: \_\_\_\_\_

Miami, FL 33157 \_\_\_\_\_

Name and Title: Jennifer Ross, V.P. Name and Title: \_\_\_\_\_

Address: 18495 S. Dixie Highway Address: \_\_\_\_\_

Miami, FL 33157 \_\_\_\_\_

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: SKRLD, Inc.  
 Address: 201 Alhambra Circle, #1100  
Coral Gables, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Ellsabeth D. Kozlow, Esq.  
 Address: 201 Alhambra Circle, 11th Floor  
Coral Gables, FL 33134

**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 business days prior or 90 business 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

SKRLD, INC  
D. OSCAR R. [Signature]  
 Required Signature/Registered Agent

11/6/15  
 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

11/6/15  
 Date

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