

P17000064672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

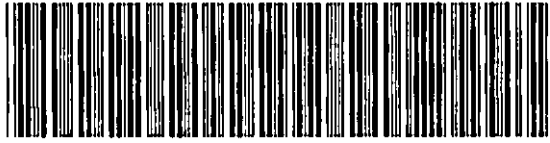
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 AUG -1 AM 10:55  
FBI - TAMPA  
CORIDA

08/02/17

July 24, 2017

Florida Department of State  
Divisions of Corporations, Clifton Bldg  
2661 Executive Center Circle  
Tallahassee FL 32301

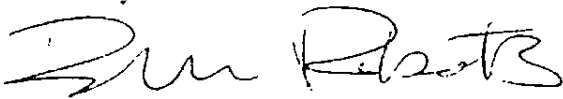
**Re: MONARCH CAR SHIPPING CORP**

To whom it may concern:

Please find enclosed the Articles of Incorporation and check #1054 for processing regarding MONARCH CAR SHIPPING, CORP. I, Robyn Roberts, President of Monarch Car Shipping, Corp. have no plans to reinstate this company but would like the Articles of Incorporation processed on as soon as possible. I understand the effective date will be for 2017.

Please process this request at your earliest convenience, should you have any further questions, please do not hesitate to contact me at 954-328-7307.

Sincerely,



Robyn Roberts,  
President  
Monarch Car Shipping, Corp.

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STATE  
FLORIDA

17 AUG

A



**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

MONARCH CAR SHIPPING CORP

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

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6053 BAYVIEW DRIVE \_\_\_\_\_

FT LAUDERDALE FL 33308 \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any And All Lawful Business.

**ARTICLE IV SHARES**

100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: ROBYN ROBERTS, PRESIDENT Name and Title: \_\_\_\_\_

Address: 6053 BAYVIEW DRIVE Address: \_\_\_\_\_

FT LAUDERDALE FL 33308 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

100  
17 AUG - 1 AM 10:56  
STATE  
FLORIDA

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: ANTHONY G COLEMAN, JR  
 Address: 4171 W HILLSBORO BLVD, STE 8  
 COCONUT CREEK FL 33073

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ANTHONY G COLEMAN, JR  
 Address: 4171 W HILLSBORO BLVD, STE 8  
 COCONUT CREEK FL 33073

FILED  
 17 AUG -1 AM 10:56  
 STATE  
 FLORIDA

**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*

Required Signature/Registered Agent

07-25-17

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.*

Required Signature/Incorporator

07-25-17

Date

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Name and Title: \_\_\_\_\_

Address 6053 BAYVIEW DRIVE

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

FT LAUDERDALE FL 33308

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

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17 AUG - 1 AM 10: 56  
STATE OF FLORIDA

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