

P20000057788  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000253874 3)))



H200002538743ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:  
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

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

RECEIVED  
2020 JUL 31 PM 2:19  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

2020 JUL 31 PM 3:31  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL  
RECEIVED

FLORIDA PROFIT/NON PROFIT CORPORATION  
POLAR TRANSPORTATION CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**ARTICLES OF INCORPORATION** in compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Polar Transportation Corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3800 S Ocean Dr, Suite 217

Hollywood Beach, FL 33019

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Corpermits LLC (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Corpermits LLC

3800 S Ocean Dr, Suite 217

Hollywood Beach, FL 33019

**ARTICLE VI INCORPORATOR:** The name and address of the incorporator is:

Corpermits LLC

3800 S Ocean Dr, Suite 217

Hollywood Beach, FL 33019

STATE OF FLORIDA  
TALLAHASSEE, FL

2020 JUL 31 PM 3:31

FILED

Required Signatures:

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.

Martha A. Perge 07/28/2020  
Registered Agent 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.

Martha A. Perge 07/28/2020  
Incorporator Date

FILED  
2020 JUL 31 PM 3:31  
STATE OF FLORIDA  
TALLAHASSEE, FL