

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

FILED
02 SEP 12 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

Freight Overcharge Recovery, INC.
(Proposed corporate name - must include suffix)

400007689414--2
-09/12/02--01034--006
*****78.75 *****78.75

Enclosed is 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:

Paul Gonzalez
Name (Printed or typed)

10896 N.W. 66th Court
Address

Frankland FL 33076
City, State & Zip

(954) 709-6689
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

OB 9/16 ✓

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Freight Overcharge Recovery, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10896 NW 66th Court Parkland, FL 33076

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One hundred shares \$100-

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LISA WEISS 10896 NW. 66th Court Parkland FL 33076

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Paul Gonzalez
10896 NW 66th Court Parkland FL 33076

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date

FILED
02 SEP 12 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA