

P05000105967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

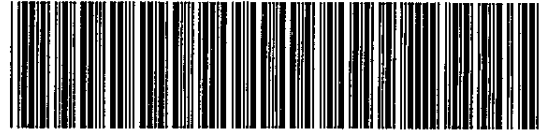
(Document Number)

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Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: SILVER ARROW MOVERS 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: SILVER ARROW MOVERS INC.

Name (Printed or typed)

4485 STIRLING ROAD, # 107

Address

DAVIE, FL 33314

City, State & Zip

(954) 793-3348

Daytime Telephone number

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

The name of the corporation shall be:

SILVER ARROW MOVERS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4485 STIRLING ROAD, #107
DAVIE, FL 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRANSPORTATION

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

YEHEZKEL TWEG, PRES.	YAIR SHATIL, VP	AHARON GOLDA, TREAS.
7435 NW 44 ST.	3400 SPRINGBLUFF PLACE	625 AVENUE V, #A2
LAUDERHILL, FL 33319	LAUDERHILL, FL 33319	BROOKLYN, NY 11223

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

YEHEZKEL TWEG
7435 NW 44 ST.
LAUDERHILL, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

YEHEZKEL TWEG
7435 NW 44 ST.
LAUDERHILL, FL 33319

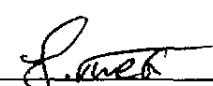
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA