

PD5000155135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

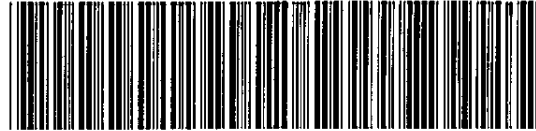
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/21/05--01034--026 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 NOV 21 PM 3:03

11/21/05

Hamilton NOV 23 2005

COVER LETTER

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

SUBJECT: All Coast Transporters, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: All Coast Transporters, Inc
Name (Printed or typed)

6245 North Powerline Road, Suite 102
Address

Fort Lauderdale, FL 33309
City, State & Zip

954.562.4504
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:

All Coast Transporters, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6245 North Powerline Road, Suite 102
Fort Lauderdale, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hauling Freight

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Keith Ezrol, President

ARTICLE VI REGISTERED AGENT

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

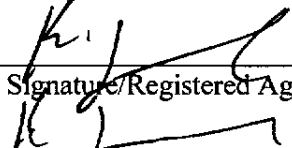
Keith Ezrol, 6245 North Powerline Road, Suite 102, Fort Lauderdale, FL 33309

ARTICLE VII INCORPORATOR

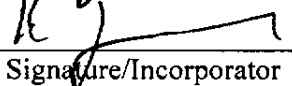
The name and address of the Incorporator is:

Keith Ezrol, 6245 North Powerline Road, Suite 102, Fort Lauderdale, FL 33309

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

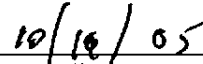


Signature/Incorporator

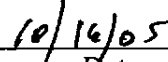
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date