

P07000015722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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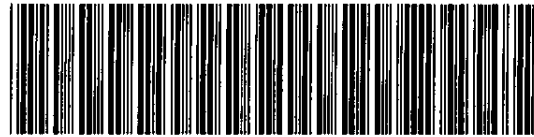
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 FEB -5 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: ALSTAF VASTS 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: ALBERT WILENSKY

Name (Printed or typed)

1717 NORTH BAYSHORE DRIVE, SUITE 3532

Address

MIAMI, FL 33132

City, State & Zip

305-358-0555

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:

ALSTAF VASTS INC.,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1717 NORTH BAYSHORE DRIVE, SUITE 3532, MIAMI, FL 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN INTRASTATE AND INTERSTATE TRUCKING ACTIVITIES.

ARTICLE IV SHARES

The number of shares of stock is:

100: 70 SHARES TO ALBERT WILENSKY
30 SHARES TO STAFFORD WARD

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALBERT WILENSKY, 1717 BAYSHORE DRIVE, # 3532, MIAMI, FL 33132 DIRECTOR
STAFFORD WARD, 3600 MYSTIC POINT DRIVE, AVENTURA, FL DIRECTOR

ARTICLE VI REGISTERED AGENT

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

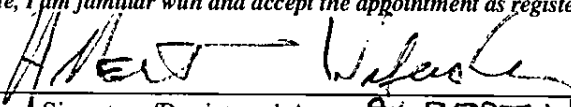
ALBERT WILENSKY, 1717 NORTH BAYSHORE DRIVE, SUITE 3532, MIAMI, FL 33132

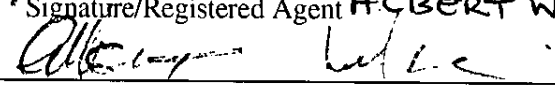
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALBERT WILENSKY, 1717 NORTH BAYSHORE DRIVE, SUITE 3532, MIAMI, FL 33132

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 ALBERT WILENSKY


Signature/Incorporator
ALBERT WILENSKY

1/31/07
Date

1/31/07
Date

FILED
07 FEB -5 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA