

P10000088582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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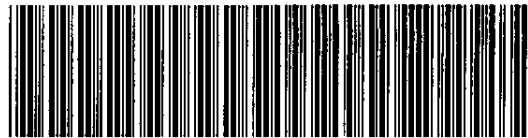
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 OCT 27 PM 4:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
11/1

COVER LETTER

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

SUBJECT: US FREIGHT DELIVERY 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **DUNIO REIMONDO**

Name (Printed or typed)

6671 W 22 CT STE5

Address

HIALEAH, FLORIDA, 33016

City, State & Zip

772-6267294

Daytime Telephone number

DJMREI@COMCAST.NET

E-mail address: (to be used for future annual report notification)

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 US FREIGHT DELIVERY INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
6671 W 22 CT STE5
HIALEAH FLORIDA 33016

Mailing address, if different is:
6671 W 22 CT STE5
HIALEAH FLORIDA 33016

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DUNIO REIMONDO (PRESIDENT)
Address: 6671 W 22CT STE5
HIALEAH FLORIDA 33016

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: DUNIO REIMONDO
Address: 6671 W 22 CT STE5
HIALEAH FLORIDA 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DUNIO REIMONDO
Address: 6671 W 22CT STE5
HIALEAH FLORIDA 33016

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



Required Signature/Registered Agent

10-25 2010

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.



Required Signature/Incorporator

10-25-2010

Date

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TALLAHASSEE, FLORIDA