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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 25 PM 4:28

Is 10/25/13

## COVER LETTER

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

**SUBJECT: D 1 CARRIER 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: D 1 CARRIER INC**

Name (Printed or typed)

**6407 NW 58TH STREET**

Address

**TAMARAC FL 33321**

City, State & Zip

**954-736-6111**

Daytime Telephone number

**dispatch@carrier1trucking.com**

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**

The name of the corporation shall be: D 1 CARRIER INC

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

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Mailing address, if different is:

6407 NW 58TH ST  
TAMARAC FL 33321

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FOR PROFIT

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SHELLY-ANN LOUISDOR (president)

Name and Title: \_\_\_\_\_

Address 6407 NW 58TH ST  
TAMARAC FL 33321

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

Name:

SHELLY-ANN LOUISDOR

Address:

6407 NW 58TH ST

TAMARAC FL 33321

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

SHELLY-ANN LOUISDOR

Address:

6407 NW 58TH STREET

TAMARAC FL 33321

*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*

S. Louisdor

Required Signature/Registered Agent

10/21/2013

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.*

S. Louisdor

Required Signature/Incorporator

10/21/2013

Date