

P14000020200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

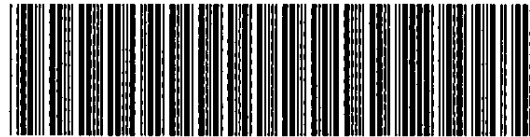
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2544
W14000005198
621-619-611



000255550460

000255550460
01/21/14--01036--019 **2.97

000255550460
01/21/14--01036--018 **75.78

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 27 PM 4:23

3/5/14

COVER LETTER

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

SUBJECT: **ARB OPTIMAL 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: **ANDRE R. BROWN**

Name (Printed or typed)

13783 DEVANLEE DR EAST

Address

JACKSONVILLE, FL 32226

City, State & Zip

904-487-6874

Daytime Telephone number

jtitaxservice@gmail.com

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

NOTE: Please provide the original and one copy of the articles.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 27 PM 4:23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 FEB 27 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 11, 2014

ANDRE R. BROWN
13783 DEVANLEE DRIVE EAST
JACKSONVILLE, FL 32226

SUBJECT: OPTIMAL INC
Ref. Number: W14000005798

We have received your document for OPTIMAL INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 914A00003039

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 27 PM 4:23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 FEB -7 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 28, 2014

ANDRE R. BROWN
13783 DEVANLEE DRIVE EAST
JACKSONVILLE, FL 32226

SUBJECT: OPTIMAL TRANSPORT INC.
Ref. Number: W14000005798

We have received your document for OPTIMAL TRANSPORT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 214A00001905

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 27 PM 4:23

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: ARB OPTIMAL INC.

14 FEB 27 PM 4: 23

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

ARB OPTIMAL INC.

13783 DEVANLEE DR EAST

JACKSONVILLE, FLORIDA 32226

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDRE R. BROWN

Name and Title: _____

Address PRESIDENT

Address: _____

13783 DEVANLEE DR EAST

JACKSONVILLE, FL 32226

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ANDRE R. BROWN
Address: 13783 DEVANLEE DR EAST
JACKSONVILLE, FLORIDA 32226

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDRE R. BROWN
Address: 13783 DEVANLEE, DR EAST
JACKSONVILLE, FLORIDA 32226

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

Andre R. Brown
Required Signature/Registered Agent

02/19/2014

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.

Andre R. Brown
Required Signature/Incorporator

02/19/2014

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 27 PM 4:23