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(Requestor's Name)

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(City/State/Zip/Phone #)

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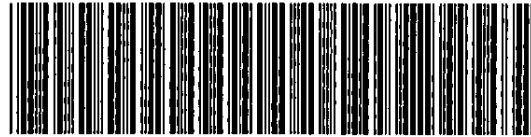
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY -8 PM 1:05

4001
CC

5/12/14

COVER LETTER

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

SUBJECT: Nicklaus Freight Connections, 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: Andrew J. Nicklaus

Name (Printed or typed)

261 Costanera Road

Address

Coral Gables, Florida 33143

City, State & Zip

305-761-8651

Daytime Telephone number

anicklaus17@gmail.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: Nicklaus Freight Connections, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

261 Costanera Road

Coral Gables, Florida 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the purposes of engaging in any and all lawful business.

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STATE
SECRETARY OF CORPORATIONS
DIVISION OF BUSINESS
14 MAY - 8 PM 11 05

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew J. Nicklaus, President

Name and Title: _____

Address: 261 Costanera Road
Coral Gables, Fl. 33143

Address: _____

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: Edward R. Nicklaus, Esq.
Address: 4651 Ponce de Leon Blvd., Suite 200
Coral Gables, Fl. 33146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edward R. Nicklaus, Esq.
Address: 4651 Ponce de Leon Blvd., Suite 200
Coral Gables, Fl. 33146

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

Edward R. Nicklaus Esq.
Required Signature/Registered Agent

5-4-14
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.917.155, F.S.

Edward R. Nicklaus Esq.
Required Signature/Incorporator

5-4-14
Date