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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

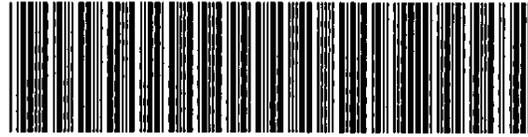
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
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 CORPORATIONS  
14 MAY - 8 PM '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    Address: \_\_\_\_\_  
Coral Gables, Fl. 33143    \_\_\_\_\_

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. 5-4-14  
Required Signature/Registered Agent 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.*

Edward R. Nicklaus Esq. 5-4-14  
Required Signature/Incorporator Date