

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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Email	Address	 	 	

FLORIDA PROFIT/NON PROFIT CORPORATION OVER-ROAD EXPRESS TRANSPORT INC.

Certificate of Status	0		
Certified Copy	1		
Page Count	03		
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May 1, 2015

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: OVER - ROAD EXPRESS TRANSPORT INC.

REF: W15000030891

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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

Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H15000106424 Letter Number: 215A00009009

15 MAY - 1 PH 2: 22

5 MAY -1 AM HE ZZ

ARTICLES OF INCORPORATION

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

FILED 15 MAY -1 AH II: 22

ARTICLE I NAME: The name of the corporation is: ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: SHARES: The number of shares of stock is: ARTICLE III INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE IV CASTILLO INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: INCORPORATOR: The name and address of the Incorporator is: CASTIL <u>aaueira</u>

#15000106424

Required Signatures:

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

Yoni M. 4-30-15
Registered Agen: 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.

You! M. 4-30-15

ARY OF STATE