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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

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

SUBJECT: EXPERT AUTO 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 □ \$78.75

Filing Fee Filing Fee & Certificate of Status

□ \$78.75 □ \$87.50

Filing Fee Filing Fee, & Certified Copy
& Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: OLGA & SERGEY SHEVCHENKO
Name (Printed or typed)

1126 BROOKWOOD BLUFF ROAD E

Address

JACKSONVILLE, FL 32225

City, State & Zip

904-401-7738

Daytime Telephone number

os.shevchenko@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 The name of the	NAME corporation shall b	EXPERT AUTO	CARRIER,	INC.	- 10 To 10 T
	OOKWOOD	treet address BLUFF RD. E.	· 	Mailing address, if	· · · · · · · · · · · · · · · · · · ·
JACKSO	NVILLE, FL	_ 32225			<u> </u>
ARTICLE III The purpose for	PURPOSE which the corpora	tion is organized is: TRAN	SPORTAT	ION	
ARTICLE IV The number of sl ARTICLE V	INITIAL OFF	0000 ICERS AND/OR DIRECTO			
Name a	ind Title	EY A SHEVCHENKO	_ Name and This	·	OOD BLUFF RD E
Addres	s	SONVILLE, FL 3222	Address:		LLE, FL 32225
Name ar	nd Title: PRES			MANAGEF	
Address	s	ROOKWOOD BLUFF RD	Address:	•	OOD BLUFF RD E
•	JACK	SONVILLE, FL 3222	5 	JACKSONVI	LLE, FL 32225
Name ar	nd Title:		_ Name and Title	::	
Address	s		Address:		
			_		

Name and	l Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Flo Name: Address:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of SERGEY A SHEVCHENKO 1126 BROOKWOOD BLUFF RD E	the registered agent is:	
	JACKSONVILLE, FL 32225		
	INCORPORATOR dress of the Incorporator is: SERGEY A SHEVCHENKO		
Name: Address:	1126 BROOKWOOD BLUFF RD E		
	JACKSONVILLE, FL 32225		
Having been nam this certificate, I a	ed as registered agent to accept service of process j m familiar with and accept the appointment as regi	for the above stated corporation at the place design stered agent and agree to act in this capacity	ated in
5	500	Ston 5-9-1	<u> </u>
	Required Signature/Registered Agent	Date	
	ment and affirm that the facts stated herein are to epartment of State constitutes a third degree felony	rue. I am aware that the false information submitted as provided for in s.817.155, F.S.	ed in a
	2/2/	Star 5-9-1	15
	Required Signature/Incorporator	Date	