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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850)617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
FOUR SEASONS FREIGHTERS CORP**

Certificate of Status	0
Certified Copy	1
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6/4/15

15 JUN -3 PM 1:36

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#3754 P.002/003

# ARTICLES OF INCORPORATION

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

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15 JUN -3 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME:** The name of the corporation is:

FOUR SEASONS FREIGHTERS corp

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4623 ORCHARD LN NAPLES  
FL 34112

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

VICTOR HUGO RODRIGUEZ (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

VICTOR HUGO RODRIGUEZ  
4623 Orchard Ln  
Naples FL 34112

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

VICTOR HUGO RODRIGUEZ  
4623 Orchard Ln  
Naples FL 34112

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**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



Registered Agent

6/3/15

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.



Incorporator

6/3/15

Date

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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