P15000049401			
(Requestor's Name) (Address) (Address)	800365898618		
(City/State/Zip/Phone #)	05/14/2101013024 **35.00		
Special Instructions to Filing Officer:			

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TO: Amendment Section Division of Corporations	
Baker Freight, Inc. SUBJECT:	Name of Corporation
DOCUMENT NUMBER: P15000049401	
The enclosed Articles of Correction and fe	e are submitted for filing.
Please return all correspondence concernin	_
Darlena Strong	
Name of Contact Person	
Baker Freight, Inc.	
Firm/Company	<u>_</u> _
134 Park Road	
Address	
Interlachen, FL 34211	
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
jbakerfreight@gmail.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this ma	atter, please call:
Darlena Strong	941 773-0724
Name of Contact Person	941 773-0724 at ()
Enclosed is a check for the following amo	unt:
🛢 \$35.00 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status
S43.75 Filing Fee & Certified Copy	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF CORRECTION

For

Baker Freight, Inc.	Name of Corporation as currently filed with the Florida Dept. of State	
	P15000049401	
	Document Number (if known)	
Pursuant to the provisions	of Section 607.0124, Florida Statutes.	
_	n correct Divsion of Corporations	,
	(isocaman Type Deing Costeeled)	
filed with the Department	of State on	
Specify the inaccuracy in	correct statement, or defect:	
FEIN/EIN is incorrect.		
<u> </u>		
		
		· · · · ·
Correct the inaccuracy, inc	correct statement, or defect:	
Correct FEIN/EIN should be 4		
-		
		2
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	1 0	

(Signature of a director/president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Jacob Baker

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(Typed or printed name of person signing)

President

Filing Fee: \$35.00

(Title of person signing)

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IRS e-file Signature Authorization for Form 1120-S

OMB No 1545-0123

- ERO must obtain and retain completed Form 8879-S.
- Go to www.irs.gov/Form8879S for the latest information.

2020

Department of the Treasury	- · · · ·				
Internal Revenue Service	For calendar year 2020, or tax year beginning	, 2020, and ending	. 20		
Name of corporation			Employer identification numb	e.	
Baker Freight Ir			47-4174193		
Part I Tax Re	turn Information (Whole dollars only)				
1 Gross receipts or	sales less returns and allowances (Form 1120-S, li	ne 1c)		1	50,102
2 Gross profit (Form	1120-S, line 3)			2	21,597
3 Ordinary business	income (loss) (Form 1120-S, line 21)			3	16,992
4 Net rental real est	ate income (loss) (Form 1120-S, Schedule K, line 2	.)		4	
5 Income (loss) reco	nciliation (Form 1120-S, Schedule K, line 18)	<u></u>		5	16,992
Part II Declara	ation and Signature Authorization of	Officer (Be sure to get	a copy of the corp	oration	i's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2020 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return onginator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to the payment. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

🗙 Lauthorize Hall Financial Corporation	to enter my PIN	as my signature		
ERO firm name	Don't ente	er all zeros		
on the corporation's 2020 electronically filed income tax return.				
As an officer of the corporation, I will enter my PIN as my signature o	n the corporation's 2020 electronically	filed income tax		
return.				
Officer's signature	Data Nagi Janaga Tit			
	Date ► <u>03-15-2021</u> Tit	le 🕨 <u>President</u>		
Part III Certification and Authentication				
	<u></u>			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	i PIN. 5928	91 23395		
		Don't enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 20	20 electronically filed income tax retu-	rn for the		
corporation indicated above. I confirm that I am submitting this return in accordance				
Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business				
Returns.				
ERO's signature > Charles Hall PhD CFE	Date 🕨	03-15-2021		
ERO Must Retain This F				
Don't Submit This Form to the IRS Unless Requested To Do So				

For Paperwork Reduction Act Notice, see instructions. EEA Form 8879-S (2020)