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| (Re | equestor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Ci | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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SECRETARY OF STATE OF

EFFECTIVE DATE 11/01/15

a 10/22/15

COVER LETTER

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

| SUBJECT: | INC | | | |
|----------------------|---|-------------------------------------|--|--|
| | (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) | | | |
| Enclosed are an orig | inal and one (1) copy of the art | icles 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 CO | DPY REQUIRED | |
| | MC.AR | THUR RICHARD | | |
| FROM: | Name (Printed or typed) | | | |
| | 1326 | N.W 62 TERRACE | | |
| | | Address | | |
| | | AMI FL, 33147 | | |
| | • | State & Zip | · · · · · · · · · · · · · · · · · · · | |
| | | 915-7467 | <u> </u> | |
| | Daytime 1 | elephone number | | |
| | E-mail address: (to be use | d 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)

| The name of the corpor | | RPRISE INC | |
|--|--|-----------------|--|
| ARTICLE II PRIN | CIPAL OFFICE Principal street address | Mailing address | , if different is: |
| 1326 NW 62 TERRAG | CE | | |
| MIAMI FL 33147 | | | |
| | POSE the corporation is organized is:RATE A TRUCKING COMPANY | | |
| | | <u> </u> | |
| | | | 坊 |
| | | | B 178 |
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| | | | # 100 XX |
| ARTICLE IV SHAI | RES 2 If stock is: | | ATIONS |
| | AL OFFICERS AND/OR DIRECTORS | | |
| Name and Tit | le: LORETTA RICHARD (P) | Name and Title: | |
| Address | 1326 NW 62 TERRACE | Address: | |
| | MIAMI FL 33147 | | |
| Name and Titl | Mc ARTHUR .RICHARD (V/P) | Name and Title: | |
| Address | 1326 NW 62 TERRACE | A 11 | |
| - 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | MIAMI FL 33147 | | |
| | | | |
| Name and Titl | e: | Name and Title: | |
| Address | | Address: | - |
| | | | - No |

| Name a | and Title: | Name and Title: |
|---------------------|---|--|
| Addre | ss | Address: |
| | | |
| | | |
| | | |
| ARTICLE VI | | |
| The <u>name and</u> | Florida street address (P.O. Box NOT accepta | able) of the registered agent is: |
| Name: | ERIC THOMPSON | |
| Address: | 6304 NW 14 AVE | |
| | MIAMI FL 33147 | |
| | | |
| ARTICLE VII | <u>INCORPORATOR</u> | |
| The name and | address of the Incorporator is: | ·t · · · · · · · · · · · · · · · · · · |
| Name: | LORETTA RICHARD | |
| Address: | 1329 NW 62 TERRACE | AMIO: L |
| | MIAMI FL 33147 | E ATE |
| Effective date, | | . (OPTIONAL) cannot be more than five business days prior or 90 business |
| | te inserted in this block does not meet the appl effective date on the Department of State's rea | licable statutory filing requirements, this date will not be listed as cords. |
| | | process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity |
| | ce Hook | 10/12/901 |
| | Required Signature/Registered Age | ent Date |
| | | in are true. I am aware that the false information submitted in a |
| document to the | e Department of State constitutes a third degre | e felony as provided for in s.817.155, F.S. |
| Rea | uired Signature/Incorporator | 10-12-201 |
| - 104 | ··· · · · · · · · · · · · · · · · · · | |