

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
COLONIAL FREIGHT TRUCKING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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102676

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: COLONIAL FREIGHT TRUCKING, 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
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 COPY REQUIRED

FROM: Elisabeth D. Kozlow, Esq.
Name (Printed or typed)
201 Alhambra Circle, 11th Floor
Address
Coral Gables, FL 33134
City, State & Zip
(305) 442-3334 x. 214
Daytime Telephone number
ekozlow@srhl-law.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV -9 PM 1:49

FILED

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 NAME COLONIAL FREIGHT TRUCKING, INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

18495 S. Dixie Highway

Miami, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Derrick Ross, Director

Name and Title: _____

Address 18495 S. Dixie Highway

Address: _____

Miami, FL 33157

Name and Title: Derrick Ross, President

Name and Title: _____

Address 18495 S. Dixie Highway

Address: _____

Miami, FL 33157

Name and Title: Jennifer Ross, V.P.

Name and Title: _____

Address 18495 S. Dixie Highway

Address: _____

Miami, FL 33157

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SKRLD, Inc.
Address: 201 Alhambra Circle, #1100
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Ellenbeth D. Kozlow, Esq.
Address: 201 Alhambra Circle, 11th Floor
Coral Gables, FL 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

SKRLD, INC
OSCAR RIVERA
Required Signature/Registered Agent

11/6/15
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.

[Signature]
Required Signature/Incorporator

11/6/15
Date

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