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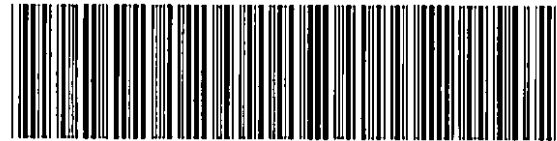
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Star-Line Logistics, 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: Star-Line Logistics, Inc.
Name (Printed or typed)

P.O. Box 56794
Address

Jacksonville, FL 32241
City, State & Zip

850 510 8557
Daytime Telephone number

starline logistics.usa@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 NAME

The name of the corporation shall be: Star-Line Logistics, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8859 Old Kings Rd S.
#817
Jacksonville, FL 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A Transportation
Company

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Calvin James, Pres. Name and Title: _____

Address: P.O. Box 20931 Address: _____

Tallahassee, FL

32316

Name and Title: Jerry Harvey, V.P. Name and Title: _____

Address: P.O. Box 20931 Address: _____

Tallahassee, FL

32316

Name and Title: Jennifer DeCoteau Name and Title: _____

Address: Sec/Treas. Address: _____

P.O. Box 56794

Jacksonville, FL 32241

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2019 JAN 14 7:10 PM
TALLAHASSEE, FL

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: Terry L. Harvey

Address: 11 Otter Creek Rd
Sopchoppy, FL 32358

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Terry L. Harvey

Address: P.O. Box 20931
Tallahassee, FL 32316

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 days prior or 90 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

Terry L. Harvey
Required Signature/Registered Agent

Jan 14, 2019
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.

Terry L. Harvey
Required Signature/Incorporator

Jan 14, 2019
Date