

P190000 38576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

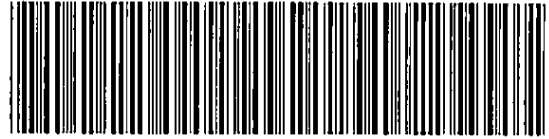
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 10 2019

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2018 MAY 10 AM 9:12
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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 Transport 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 Transport Inc.
Name (Printed or typed)

P.O. Box 56794
Address

Jacksonville, FL 32241
City, State & Zip

(904) 222-6222
Daytime Telephone number

starline-logistics-usa.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLE I NAME

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

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
8859 Old Kings Rd S.
817

Mailing address, if different is:

Jacksonville, FL 32257

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terry L. Harvey, PRES. Name and Title: _____

Address: P.O. Box 20931 Address: _____

Tallahassee, FL 32316

Name and Title: Michael K. Charles, VP Name and Title: _____

Address: P.O. Box 56794 Address: _____

Jacksonville, FL 32241

Name and Title: Jennifer DeCoteau Name and Title: _____

Address: Sec/Treas. Address: _____

P.O. Box 56794

Jacksonville, FL 32241

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2023 MAY 10 AM 9:12

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: Jerry L. Harvey

Address: 11 Otter Creek Rd
Seachoppy FL 32358

ARTICLE VII INCORPORATOR

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

Name: Jerry 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

[Signature]
Required Signature/Registered Agent

May 08, 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.

[Signature]
Required Signature/Incorporator

May 08, 2019
Date

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2019 MAY 10 AM 9:12