

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6301

From:

Account Name : | BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone

: (800)221-2972

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION FARR NATIONWIDE TRANSPORTATION CORP

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N. SAMS

JUN 1 4 2019

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I NAME The name of the corporation | on shall be:FARR NATIONWIDE T | RANSPOR | TATION CORP. | : |
|---|--|---------------|---|---------------------------------|
| ARTICLE II PRINCI | PAL OFFICE Principal street address | | Mailing address, 10245 NW 9th Stree: Cir | if different is: cle Ste 104 |
| Miami, FL 33172 | | | Miami, FL 33172 | |
| ARTICLE III PURPOS | SE to engree corporation is organized is: | age in any l | swful act or activity for | |
| which corporations may | he organized. | | | 19. |
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| | | | | |
| ARTICLE IV SHARE The number of shares of s ARTICLE V INITIA Name and Title Address | L OFFICERS AND/OR DIRECTOR Dichard Jafferey Part Selloman-Pro | sident N | une and Title: | |
| Name and Title: | | и | ame and Title: | |
| Address | | A | ddress: | |
| | | | | |
| Name and Title: | · · · · · · · · · · · · · · · · · · · | N | ame and Title: | |
| Address | | ^ | ddress: | |
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| Name an | d Title: | Name and Title: |
|-------------------------------------|--|---|
| Address | · | Address: |
| | | |
| | | |
| | | |
| ARTICLE VI | REGISTERED AGENT Sorida street address (P.O. Box NOT acceptable | of the registered agent is: |
| Name: | Richard Jeffercy Farr Seligman | |
| Address: | 10245 NW 9th Street Circle Stc 104 | 19 Jul 13 19 Jul 13 |
| Address. | Miami, FL 33172 | |
| | | PH 4: 08 |
| ARTICLE VII | INCORPORATOR | |
| The name and a | ddress of the incorporator is: | 0 |
| Name: | Richard Jefferey Farr Seligman | |
| Address: | 10245 NW 9th Street Circle Ste 104 | |
| 714 | Miami, FL 33172 | |
| | | |
| ARTICLE VIII | EFFECTIVE DATE: | (OPTIONAL) |
| (If an effective days after the i | filing.) | anot be more than five business days prior or 90 business |
| Note: If the date the document's | te inserted in this block does not meet the applic effective date on the Department of State's reco | able statutory filing requirements, this date will not be listed as rds. |
| Having been no this certificate, | omed as registered agent to accept service of pro I am familiar with and accept the appointment a | ocess for the above stated corporation of the place designated in s registered agent and agree to act in this capacity |
| വ | - 1 | 11.1.0 |
| / | Required Signature/Registered Agent | |
| I submit this de | ocument and affirm that the facts stated hereing to Department of State constitutes a third degree | are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S. |
| \bigcirc | 7 | Colony as praviated for in statistics. |
|) Red | uired Signature/Incorporator | · |
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