Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019

Phone : (305)552-5973 Fax Number : (305)675-5944

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

mail	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION CAL FREIGHT SYSTEMS INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

C RICO Aug 17 2020

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

CAL FREIGHT SYSTEMS D

of Document # P140000 30420

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Roberto CAL
Prondent

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

The name of the corpor	ration shall be: CA	L FA	€16HT	STSTEA	15 INC
ARTICLE II PRIN	<u>'CIPAL OFFICE</u> Principal <u>street</u> address			Mailing address, if dif	
13394 NI	W & STREET		13	394 NW	
manl	FL 33/82		M	IAMI, FL.	
The purpose for which	OSE the corporation is organized is	s:		·	
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		•			20 😿
ARTICLE IV SHAR The number of shares of	ES /)			
The pumper of spares of	scock is: / / / /				TO SURE
	AL OFFICERS AND/OR DIRI	1			
Name and Title	BOSERTO CAL	PITSE	Name and Title:		<u> </u>
Address	13394 N.W.	8 ST.	Address:	<u> </u>	
	MAMIL FL.	33(82			
					
Name and Title:			Name and Title:	·	
Address			Address:		
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Name and Title:			Name and Title:		
Address			Address:		· .
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3/01/2013 e	37 : 27	3052201440	LAZA	RUS CORPORATE		PAGE	04/04
, N	ame and T			Name and Title:			
·	add ogg			Address:			<u> </u>
ì				· :		 -	
ARTICLE The pame	VI REC	GISTERED AGENT la street address (P.O. F	Зох NOT acceptable) of	the registered agent is:			
Name:	_	AOBERTO		-			
Address:	~	13394 1	1W 8 5	ēΤ.			
	_	MIAMI, F	FL. 3318	व			
<u>ARTICLE</u>	<u>YII IN</u> Ç	ORPORATOR					
The name:	and addre	ss of the incorporator is:					
Name:		ROBER	TO CA	_			
Addres	35:	13394 /	Y.W. 8	ST.			
		MLAML	FL. 331	83			
Effective da	ate, if other	FECTIVE DATE: than the date of filing: s listed, the date must	AUGUST /	3 2020 (OPTION) be more than five days	AL) 3 prior or 90 days	after th	e
Note: If the	e date insen nt's effecti	rted in this block does n ve date on the Departm	ot meet the applicable sent of State's records.	statutory filing requireme	ents, this date will	not be li	sted as
Having been certificate, I	n named so I am famili	registered agent to acce with and accept the a	pt service of process for population of as registere	r the above stated corpora d agent and agree to act	ation at the place d in this capacity [esignate	d in this
		Required Signature	Registered Agent		08/13	205 ate	<u> </u>
I submit thi document to	is documen the Depar	it and affirm that the fa	icts stated herein are to s a third degree felony	rue. I am aware that the as provided for in s.817.,	e false information 155, F.S.	submit	ted in a
Required Si	gnature/ho	Let I	<u>/</u>		08 13 Date	202	0