

P21000058471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

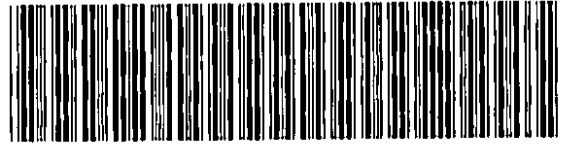
(Document Number)

Certified Copies _____

Certificates of Status _____

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CLERK OF COURT

CLERK OF COURT

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 6/21/2021

****WALK IN****

ENTITY NAME MAJOR FREIGHT LOGISTICS CORPORATION

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX _____

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

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SUNSHINE STATE
CORPORATE COMPLIANCE
OFFICE

FILED

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: Major Freight Logistics Corporation

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Megan Fuentes c/o ZenBusiness Inc.

Name (Printed or typed)

5511 Parkcrest Dr, Suite 207

Address

Austin, TX 78731

City, State & Zip

844 493 6249

Daytime Telephone number

fulfillment@zenbusiness.com

E-mail address: (to be used for future annual report notification)

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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: Major Freight Logistics Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

201 Boone Street 201E

Pensacola, FL 32505

Escambia County

Mailing address, if different is:

201 Boone Street 201E

Pensacola, FL 32505

Escambia County

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MY ROLE AS A FREIGHT DISPATCHER IS TO SCHEDULE
DRIVERS TO MAKE DELIVERIES AND PICK UP PACKAGES OR SHIPMENTS FROM CUSTOMERS.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SPIRIT SHYMERREE DIRE

Address: 201 Boone Street 201E

Pensacola, FL 32505

Name and Title: SPIRIT SHYMERREE P

Address: 201 Boone Street 201E

Pensacola, FL 32505

Name and Title: SPIRIT SHYMERREE TRES

Address: 201 Boone Street 201E

Pensacola, FL 32505

Name and Title: SPIRIT SHYMERREE SEC

Address: 201 Boone Street 201E

Pensacola, FL 32505

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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JULY 1, 2021

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: REGISTERED AGENTS INC.
Address: 7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702

ARTICLE VII INCORPORATOR

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

Name: SPIRIT SHYMERREE
Address: 201 Boone Street 201E
Pensacola, FL 32505

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JANUARY 17, 2021

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

/s/ BILL HAVRE

Required Signature/Registered Agent

06/21/2021

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.

/s/ SHYMERREE SPIRIT

Required Signature/Incorporator

06/21/2021

Date