

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : ALLSTATE CORPORATE SERVICES CORP
 Account Number : I20040000031
 Phone : (800)906-9220
 Fax Number : (800)906-9880

****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
INTERSTATE TRANSPORTERS 1 CORP

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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2022 FEB 15 AM 9:58

CLERK OF STATE

2022 FEB 15 PM 5:13

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: Interstate Transporters I Corp

ARTICLE II PRINCIPAL OFFICEPrincipal street address
4224 Donnington Drive
Parrish, Florida 34219

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Orlando Case - President

Name and Title:

Address 2114 North Flamingo Road

Address:

Pembroke Pines, Florida 33028

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Orlando Case
 Address: 4224 Donnington Drive
Parrish, Florida 34219

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Orlando Case
 Address: 4224 Donnington Drive
Parrish, Florida 34219

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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*Orlando Case

Required Signature/Registered Agent

02/15/2022

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.*Orlando Case

Required Signature/Incorporator

02/15/2022

Date