

P22000019660

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000096509 3)))



H220000965093ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 MAR 15 PM 11:54

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
CLEAR FREIGHT LINES INC**

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

S. CHATHAM

MAR 16 2022

FILED**ARTICLES OF INCORPORATION**

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

ARTICLE I NAMEThe name of the corporation shall be: CLEAR FREIGHT LINES INC

22 MAR 15 PM 11:54

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ addressMailing address, if different is: **SECRETARY OF STATE
TALLAHASSEE, FLORIDA**101 PALM HARBOR PKWY, STE 222B101 PALM HARBOR PKWY, STE 222BPALM COAST, FL 32137PALM COAST, FL 32137**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TRANSPORTATION**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALEKSANDAR SRBINOVIC

Name and Title: _____

Address PRESIDENT

Address: _____

101 PALM HARBOR PKWY, STE 222BPALM COAST, FL 32137

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: ALEKSANDAR SRBINOVICAddress: 101 PALM HARBOR PKWY, STE 222B
PALM COAST, FL 32137**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ALEKSANDAR SRBINOVICAddress: 101 PALM HARBOR PKWY, STE 222B
PALM COAST, FL 32137**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/ ALEKSANDAR SRBINOVIC

Required Signature/Registered Agent

03/15/2022

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./s/ ALEKSANDAR SRBINOVIC

Required Signature/Incorporator

03/15/2022

Date

22 MAR 15 PM 11:54
SECRETARY OF STATE
TALLAHASSEE, FL 32304

FILED