

P24060074136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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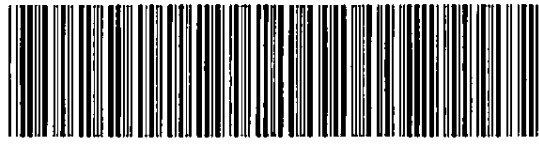
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 DEC 10 PM 2:39

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2024 DEC 10 PM 2:39

COVER LETTER

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

SUBJECT: ALL 48 FREIGHT GROUP INC
(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM:

DAVID SMITH

Name (Printed or typed)

50 NORTH LAURA STREET

Address

JACKSONVILLE, FL 32202

City, State & Zip

(321) 421-0368

Daytime Telephone number

ALL48FREIGHTGROUP@gmail.com

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

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: All 48 FREIGHT Group INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
50 NORTH LAURA STREET
JACKSONVILLE, FL 32202

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

New business

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Smith President

Address: 50 North Laura St
Jacksonville FL
32202

Name and Title: Robert Kaestner CEO

Address: 50 North Laura St
Jacksonville FL
32202

Name and Title: Earl Brown executive VP

Address: 50 North Laura St
Jacksonville FL
32202

Name and Title: Stephen Wilson VP

Address: 50 North Laura St
Jacksonville FL
32202

Name and Title: James Wilson Sec

Address: 50 North Laura St
Jacksonville FL
32202

Name and Title: William Virtue Sec

Address: 50 North Laura St
Jacksonville FL
32202

Name and Title: Hayes Marion Trees Name and Title: _____
Address: 50 North Laura St Address: _____
Jacksonville FL _____
32202 _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: David Smith
Address: 50 North Laura St
Jacksonville FL 32202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Smith
Address: 50 North Laura St
Jacksonville FL 32205

RECEIVED
JAN 10 2024
CLERK OF THE COURT
JACKSONVILLE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12-05-2024. (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

[Signature]
Required Signature/Registered Agent

12-05-2024
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.

DAVID SMITH
Required Signature/Incorporator

12-05-2024
Date