

P210000018785

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

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02/08/21--01036--015 **78.75

FILED
2021 FEB 18 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FL

AB

TO: DEPARTMENT OF STATE
NEW FILING SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

FROM: MARIA E MENDIOROZ
1521 NW 36TH AVE
MIAMI, FL 33125
954-839-5893

RE: REVOKING RIGHTS TO DOCUMENT #P18000054340 AND FILING NEW CORPORATION
WITH SAME NAME

NEW FILING SECTION, DIVISION OF CORPORATIONS;

Please be advised that we will not use the previous State document #P18000054340 and
revoke the rights to the aforementioned State document #.

We are submitting a new application for a new corporation and State document # using the same name
of OTR FREIGHT, INC.

Please accept the attached articles of incorporation and fees of \$78.75.

If you have any questions, please feel free to contact me.

Sincerely,


MARIA E MENDIOROZ
President

COVER LETTER

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

SUBJECT: OTR FREIGHT, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MARIA E MENDIOROZ

Name (Printed or typed)

1521 NW 36TH AVE

Address

MIAMI, FL 33125

City, State & Zip

954-839-5893

Daytime Telephone number

ajulissaflores6@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)

FILED

2021 FEB 18 AM 10:03

ARTICLE I NAME

The name of the corporation shall be: OTR FREIGHT, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1521 NW 36TH AVE
MIAMI, FL 33125

Mailing address, if different is:
SAME SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA E MENDIOROZ, PRESIDENT Name and Title: _____

Address 1521 NW 36TH AVE Address: _____
MIAM, FL 33125 _____

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 AGENT

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

Name: MARIA E MENDIOROZ

Address: 1521 NW 36TH AVE

MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MARIA E MENDIOROZ

Address: 1521 NW 36TH AVE

MIAMI, FL 33125

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.)

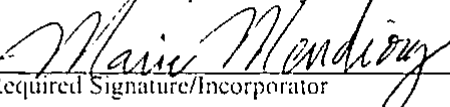
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

02/02/2021
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.


Required Signature/Incorporator

02/02/2021
Date

COVER LETTER

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

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ADDITIONAL COPY REQUIRED

FROM: **MARIA E MENDIOROZ**

Name (Printed or typed)

1521 NW 36TH AVE

Address

MIAMI, FL 33125

City, State & Zip

954-839-5893

Daytime Telephone number

ajulissaflores6@gmail.com

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

FILED

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Principal street address

1521 NW 36TH AVE
MIAMI, FL 33125

SECRETARY OF STATE
SAME FALLAHASSEE, FL

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA E MENDIOROZ, PRESIDENT

Name and Title: _____

Address 1521 NW 36TH AVE

Address: _____

MIAM, FL 33125

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 AGENT

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

Name: MARIA E MENDIOROZ
Address: 1521 NW 36TH AVE
MIAMI, FL 33125

ARTICLE VII INCORPORATOR

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

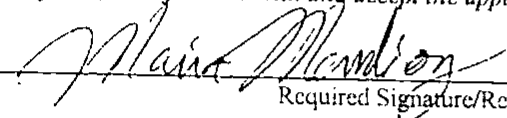
Name: MARIA E MENDIOROZ
Address: 1521 NW 36TH AVE
MIAMI, FL 33125

ARTICLE VIII EFFECTIVE DATE:

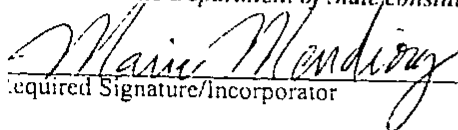
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 02/02/2021
Required Signature/Incorporator Date