Articles of Incorporation - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

○ BUSINESS CORPORATION (Complete items 1, 2, 3, 4.

○ PROFESSIONAL CORPORATION (Complete all Items.

FILED: FEB 9, 2024
OREGON SECRETARY OF STATE

222720096-25877123

REGISTRY NUMBER: 2297200-96

COMMERCIAL FLEET SOLUTION... **NEWINC**

In accordance with Oregon Revised Statute 192.410-192.490, the information on this applicati
We must release this information to all parties upon request and it will be posted on our websi

Please Type or Print Legibly in **Black** Ink. **Attach Additional Sheet if Necessary.**

1. **NAME OF CORPORATION:** Commercial Fleet Solution Inc.

NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation", "Company", "Incorporated", or "Limited" or an abbreviation of one of such words. For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation", or abbreviations thereof, i.e., "P.C.", or Prof. Corp".

2. **PRINCIPAL OFFICE:** (Must be a physical street address)
1930 York Butte Ave SE
Salem, OR 97306

3. **REGISTERED AGENT:** (Individual or entity that will accept legal service for this business)
Harpreet S Bahia

4. **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:**
(Must be an **Oregon Street Address**, which is identical to registered agent's office.)
1930 York Butte Ave SE
Salem, OR 97306

5. **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**
P O Box 58
Medford, OR 97501

6. **NUMBER OF SHARES: (At least one share must be listed.)**
1

7. **IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:** ***(PROFESSIONAL CORPORATION ONLY)*** *ORS 58.015(5)(m)*

8. **OPTIONAL PROVISIONS:** (Attach a separate sheet if necessary.)
○ **BENEFIT COMPANY:** The Corporation is a benefit company subject to ORS 60.750 - 60.770. (additional requirements apply)
○ **INDEMNIFICATION:** The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 58.185 or 60.387 - 60.414.
○ **SEE ATTACHED**

9. **WHO IS FORMING THIS BUSINESS?** (INCORPORATORS)
List names and addresses of each incorporator.
Attach a separate sheet if necessary.
Harpreet S Bahia
P O Box 58
Medford, OR 97501

LIST INITIAL PRESIDENT AND SECRETARY NAMES AND ADDRESSES (MAY BE REQUIRED BY YOUR BANK)

10. **INITIAL PRESIDENT** (Name and Address)
Harpreet S Bahia
P O Box 58
~~Salem~~ Medford, OR 97501

11. **INITIAL SECRETARY** (Name and Address)
HARPREET S Bahia
P O Box 58
Medford, OR 97501

12. **INDIVIDUAL WITH DIRECT KNOWLEDGE**
List the name and address of at least one individual who is a director, or controlling shareholder of the corporation or an authorized representative with direct knowledge of the operations and business activities of the corporation.
Harpreet S Bahia
P O Box 58
Medford, OR 97501

13. **EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS:** (Incorporator)
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:	**Printed Name:**	**Title:**
Harpreet Bahia	Harpreet S Bahia	President

CONTACT NAME: (To resolve questions with this filing) **PHONE NUMBER:** (Include area code)
HARPREET 530-617-2407

FEES
Required Processing Fee $100
Processing Fees are nonrefundable. Please make check payable to "Corporation Division".
Free copies are available at sos.oregon.gov/business using the Business Name Search program.