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Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

NY Fast Express inc

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the LEGAL NAME OF APPLICANT. A TRADE NAME is considered a FICTITIOUS NAME if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PA PUC Authority?** NO **Previous Authority?** NO

If yes, at PUC No. A- _____

4. **Are you a business entity registered with the PA Department of State?** NO

If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number 041290430
(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use post office box)

850 Marshall DR
Curtisle PA 17013

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850 Marshall DR
Street Address
Carlisle PA 17013
City, State and Zip Code
917-622-1356 Telephone Number
Cumberland County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

6. **Mailing Address** (if different from Physical Address)

Street Address
City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Do you hold interstate operating authority?**

No Yes, at No. _____

9. **What type of commodities do you intend to transport?**

General Freight, US mail, Fresh produce
Commodities dry Bulk, Refrigerated food, Beverages
and paper product.

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10. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

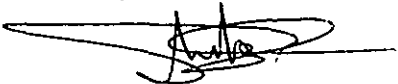
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Nadeem Shahzad
(Print Name)


(Signature)

06/23/14
(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

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PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Incorporation-For Profit

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- Business-stock (§ 1308) Management (§ 2703)
 Business-nonstock (§ 2102) Professional (§ 2903)
 Business-statutory close (§ 2303) Insurance (§ 3101)
 Cooperative (§ 7102)

Document will be returned to the name and address you enter below.

Name
RUPINDER CHEEMA
Address
21785 DRAGONS GREEN SQUARE
City State Zip Code
ASHBURN VIRGINIA 20147

In compliance with the requirements of the applicable provisions (relating to corporation and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation (corporate designator required, i.e., "corporation", "incorporated", "limited" "company" or any abbreviation, "Professional corporation" or "P.C.");

NY FAST EXPRESS INCORPORATED

2. The (a) address of this corporation's current registered office in this Commonwealth (post office box, alone, is not acceptable) or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
1243 FRANKLIN STREET	CARLISLE	Pennsylvania	17013	

(b) Name of Commercial Registered Office Provider County

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized: 100

100

5. The name and address, including number and street, if any, of each incorporator (all incorporators must sign below):

Name	Address(es)
NADEEM SHAHZAD	1243 FRANKLIN ST CARLISLE Pennsylvania 17013

6. The specified effective date, if any:

Month Day Year hour, if any

7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

8. *Statutory close corporation only:* Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. 77a et seq.)

9. *Cooperative corporations only: Complete and strike out inapplicable term:*
The common bond of membership among its members/shareholders is: _____

0412520130715

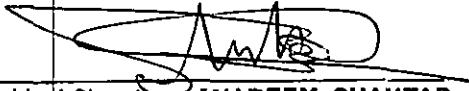
PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
Domestic Signature Form

Document must be completed and mailed to the address listed below.

Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057

1. The enterprise structure is:
Corporation
2. The enterprise legal name is:
NY FAST EXPRESS INCORPORATED
3. The enterprise's fictitious name is:

IN TESTIMONY WHEREOF, the undersigned have caused this application to be executed this
15 day of JULY, 2013



Individual Signature of **NADEEM SHAHZAD**

0412520130715

To avoid any delay or rejection, signature form(s) should be received within 7-10 days
of the registration submission date.



Corporations

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Business Entity Filing History

Date: 8/1/2014 (Select the link above to view the Business Entity's Filing History)

Business Name History

Name	Name Type
NY FAST EXPRESS INCORPORATED	Current Name

Business Corporation - Domestic - Information

Entity Number: 4205279
 Status: Active
 Entity Creation Date: 7/15/2013
 State of Business.: PA
 Registered Office Address: 850 Marshall Dr
 Carlisle PA 17013
 Cumberland
 Mailing Address: No Address

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NY Post Express inc
850 Marshall DR
Earlsville PA, 17013

to Commonwealth of PA
P. O. Box 3265
Harrisburg PA 17105

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