

Request ID: 022559062
Demande n°:
Transaction ID: 070427699
Transaction n°:
Category ID: CT
Catégorie:

Province of Ontario
Province de l'Ontario
Ministry of Government Services
Ministère des Services gouvernementaux

Date Report Produced: 2019/01/08
Document produit le:
Time Report Produced: 14:11:56
Imprimé à:

Certificate of Incorporation Certificat de constitution

This is to certify that

Ceci certifie que

S A F E T R A N S P O R T I N C .

Ontario Corporation No.

Numéro matricule de la personne morale en
Ontario

0 0 2 6 7 4 5 9 8

is a corporation incorporated,
under the laws of the Province of Ontario.

est une société constituée aux termes
des lois de la province de l'Ontario.

These articles of incorporation
are effective on

Les présents statuts constitutifs
entrent en vigueur le

J A N U A R Y 0 8 J A N V I E R , 2 0 1 9



Director/Directrice

Business Corporations Act/Loi sur les sociétés par actions

Request ID / Demande n°
22559062

Ontario Corporation Number
Numéro de la compagnie en Ontario
2674598

FORM 1

FORMULE NUMÉRO 1

BUSINESS CORPORATIONS ACT

/

LOI SUR LES SOCIÉTÉS PAR ACTIONS

ARTICLES OF INCORPORATION
STATUTS CONSTITUTIFS

1. The name of the corporation is: *Dénomination sociale de la compagnie:*
SAFE TRANSPORT INC.
2. The address of the registered office is: *Adresse du siège social:*

308 GRANBY CRT.

(Street & Number, or R.R. Number & if Multi-Office Building give Room No.)
(Rue et numéro, ou numéro de la R.R. et, s'il s'agit édifice à bureau, numéro du bureau)
PICKERING ONTARIO
CANADA L1V 7B9
(Name of Municipality or Post Office) (Postal Code/Code postal)
(Nom de la municipalité ou du bureau de poste)
3. Number (or minimum and maximum number) of directors is: *Nombre (ou nombres minimal et maximal) d'administrateurs:*
Minimum 1 Maximum 10
4. The first director(s) is/are: *Premier(s) administrateur(s):*

First name, initials and surname *Resident Canadian State Yes or No*
Prénom, initiales et nom de famille Résident Canadien Oui/Non

Address for service, giving Street & No. *Domicile élu, y compris la rue et le*
or R.R. No., Municipality and Postal Code *numéro, le numéro de la R.R., ou le nom*
de la municipalité et le code postal
- * SAIF YES
ALI
308 GRANBY CRT.

PICKERING ONTARIO
CANADA L1V 7B9

Request ID / Demande n°
22559062

Ontario Corporation Number
Numéro de la compagnie en Ontario
2674598

5. Restrictions, if any, on business the corporation may carry on or on powers the corporation may exercise.
Limites, s'il y a lieu, imposées aux activités commerciales ou aux pouvoirs de la compagnie.

None

6. The classes and any maximum number of shares that the corporation is authorized to issue:
Catégories et nombre maximal, s'il y a lieu, d'actions que la compagnie est autorisée à émettre:

The Corporation is authorized to issue an unlimited number of shares of one class to be designated as common shares.

Request ID / Demande n°
22559062

Ontario Corporation Number
Numéro de la compagnie en Ontario
2674598

7. Rights, privileges, restrictions and conditions (if any) attaching to each class of shares and directors authority with respect to any class of shares which may be issued in series: *Droits, privilèges, restrictions et conditions, s'il y a lieu, rattachés à chaque catégorie d'actions et pouvoirs des administrateurs relatifs à chaque catégorie d'actions que peut être émise en série:*

N/A

Request ID / Demande n°
22559062

Ontario Corporation Number
Numéro de la compagnie en Ontario
2674598

8. The issue, transfer or ownership of shares is/is not restricted and the restrictions (if any) are as follows:
L'émission, le transfert ou la propriété d'actions est/n'est pas restreinte. Les restrictions, s'il y a lieu, sont les suivantes:

No share or shares of the capital of the Corporation shall be transferred without either (i) the consent of the directors of the Corporation expressed by a resolution passed at a meeting of the board of directors or by an instrument or instruments in writing signed by a majority of the directors; or (ii) the consent of the holders of at least 51% of the outstanding common shares of the Corporation expressed by a resolution passed at a meeting of such shareholders or by an instrument or instruments in writing signed by the holders of at least 51% of the outstanding common shares of the Corporation.

Request ID / Demande n°
22559062

Ontario Corporation Number
Numéro de la compagnie en Ontario
2674598

9. Other provisions, (if any, are):
Autres dispositions, s'il y a lieu:

It shall be a condition of the articles:

(a) that the number of shareholders of the Corporation, exclusive of persons who are in its employment and exclusive of persons who, having been formerly in the employment of the Corporation, were, while in that employment, and have continued after the termination of that employment to be, shareholders of the Corporation, is limited to fifty, two or more persons who are the joint registered owners of one or more shares being counted as one shareholder;

(b) that any invitation to the public to subscribe for securities of the Corporation is prohibited;

(c) the directors, without authorization of the shareholders, may from time to time on behalf of the Corporation:

(i) borrow money upon the credit of the Corporation;

(ii) issue, reissue, sell or pledge bonds, debentures, notes or other evidences of indebtedness or guarantee of the Corporation, whether secured or unsecured;

(iii) to the extent permitted by the Business Corporations Act, 1982 give a guarantee on behalf of the Corporation to secure performance of an obligation of any person;

(iv) mortgage, hypothecate, pledge or otherwise create a security interest in all or any currently owned or subsequently acquired real or personal, movable or immovable property of the Corporation including book debts, rights, powers, franchises and undertakings, to secure any such bonds, debentures, notes or other evidences of indebtedness or liability of the Corporation; and

(v) delegate to a director, a committee of directors, or an officer, or one or more of them as may be designated by resolution of the directors, all or any of the powers conferred by the foregoing provisions to such extent and in such manner as the directors of the Corporation may determine at the time of such delegation.

Nothing in the above provisions shall limit or restrict the borrowing of money by the Corporation on bills of exchange or promissory notes made, drawn, accepted or endorsed by or on behalf of the Corporation.

Request ID / Demande n°
22559062

Ontario Corporation Number
Numéro de la compagnie en Ontario
2674598

10. The names and addresses of the incorporators are
Nom et adresse des fondateurs

First name, initials and last name *Prénom, initiale et nom de*
or corporate name *famille ou dénomination sociale*

Full address for service or address of registered office or of principal place of business
giving street & No. or R.R. No., municipality and postal code
Domicile élu, adresse du siège social au adresse de l'établissement principal, y compris
la rue et le numéro, le numéro de la R.R., le nom de la municipalité et le code postal

* SAIF ALI
308 GRANBY CRT.

PICKERING ONTARIO
CANADA L1V 7B9



Certificate of Insurance

Intact Insurance Company

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER – NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS Safe Transport Inc 308 Granby Court, Pickering, ON POSTAL CODE: L1V 7B9
---	---

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured) Truckmen Hauling for Others

4. COVERAGES
 This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

TYPE OF INSURANCE	POLICY NO.	EFFECTIVE DATE (YYYY/MM/DD)	EXPIRY DATE (YYYY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
				COVERAGE	AMOUNT OF INSURANCE
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> LR02 OR LR20 <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> Pollution Liability Exclusion Standard <input type="checkbox"/> Limited – 120 hours <input type="checkbox"/> Other	501224MZ4	2024/02/01	2025/02/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE - EACH OCCURRENCE	2,000,000 2,000,000
	501224MZ4	2024/02/01	2025/02/01	PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	2,000,000
	501224MZ4	2024/02/01	2025/02/01	<input checked="" type="checkbox"/> PERSONAL INJURY AND ADVERTISING LIABILITY - Any one person or organization	2,000,000
				MEDICAL PAYMENTS – Any one person	50,000
				TENANTS LEGAL LIABILITY – Any one premises	500,000
				NON- OWNED AUTOMOBILE	
OTHER COVERAGES (SPECIFY) MOTOR TRUCK CARGO	501224MZ4	2024/02/01	2025/02/01	DEDUCTIBLE \$1000	\$100,000

5. CANCELLATION
 Should any of the above described policies be cancelled before the expiration date thereof, the insurer will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS Sukhu Insurance Brokers Inc 22-7595 Markham Rd Markham ON POSTAL CODE: L3S 0B6 BROKER CLIENT ID: 45633	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial General Liability – but only with respect to the operations of the Named Insured) Registry Monitoring Insurance Services, Inc. 1444 S Entertainment Ave, Ste 110 Boise, ID 83709 POSTAL CODE:
--	--

If Section 7 is completed, the policy must be endorsed or contain specific language providing Additional Insured status and such status shall only apply to the extent indicated in such endorsement or policy language.

8. CERTIFICATE AUTHORIZATION			
ISSUER: Intact Insurance	CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE: Dean Sukhu	TYPE	NO.	TYPE
	TYPE	NO.	TYPE
SIGNATURE OF AUTHORIZED REPRESENTATIVE:	EMAIL ADDRESS: dsukhu@pbnet.ca	DATE (YYYY/MM/DD)	

Name and Mailing Address / Nom et adresse postale

SAFE TRANSPORT INC.
O/A:
308 GRANBY CRT
PICKERING ON L1V7B9

ATTENTION:SAIF ALI

The CVOR Certificate or a copy must be surrendered on demand of a police officer. Not to do so is an offence.

Le certificat d'immatriculation IUVU ou une copie conforme de celui-ci doit être présentée à l'agent de police qui en fait la demande. Quiconque ne respecte pas cette directive commet une infraction.

Detach here / Détachez ic



Issued pursuant to the Highway Traffic Act / Délivré en vertu du Code de la route

**Commercial Vehicle Operator's Registration Certificate
Certificat d'immatriculation d'utilisateur de véhicule
utilitaire**

Commercial Vehicle Operator's
Registration No.
N° d'immatriculation d'utilisateur
de véhicule utilitaire

212-176-494

Name / Nom
SAFE TRANSPORT INC.

O/A

Expiry Date / Date D'expiration	Y/A	M	D/J
	2025	01	05

This certificate or a copy must be carried in each commercial motor vehicle being operated under the Commercial Vehicle Operator's Registration.

For a replacement, of a CVOR Certificate complete and submit a Commercial Vehicle Operator's Registration (CVOR) Replacement Application form. For corrections or information changes, complete and submit a Commercial Motor Vehicle Operator's Registration (CVOR) Update Application form. Application forms are to be submitted to: Ministry of Transportation, Carrier Sanctions & Investigation Office, 301 St. Paul St., 3rd floor, St. Catharines. ON L2R 7R4.

Pour le remplacement d'un certificat d'immatriculation IUVU, remplir et soumettre le formulaire de demande de remplacement d'un utilisateur de véhicule utilitaire (IUVU). Pour des corrections ou bien des demandes de mises à jour de l'information, remplir et soumettre un formulaire de demande de mise à jour d'un utilisateur de véhicule utilitaire (IUVU).

Les formulaires de demandes doivent être soumis au: Ministère du transport, Bureau de la sécurité des transporteurs et de l'application des lois, 301 rue St. Paul, 3^{ème} étage, St. Catharines On L2R 7R4



February 14, 2023

SAIF ALI
SAFE TRANSPORT INC
308 GRANBY COURT
PICKERING, ON L1V 7B9
CANADA

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

The Standard Carrier Alpha Code of **SFPY** has been assigned to:

SAFE TRANSPORT INC
308 GRANBY COURT
PICKERING, ON L1V 7B9
CANADA
PRVCAR

This Alpha Code will apply only to the company name shown above through June 30, 2024. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal which must be promptly returned together with payment to ensure its continued validity. Should the company name, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

If you participate in the Customs & Border Protection (CBP) ACE program and you have an issue with using your SCAC with ACE, please contact CBP at the following email address: AMSSCAC@cbp.dhs.gov. All SCACs are automatically uploaded to ACE within 24 hours. To participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request, along with a copy of the NMFTA SCAC letter, to enable your SCAC for AES. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, tariffs, etc.

NOTICE: Assignment of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810.



Credit Application

Please complete the following credit application, signed, and return to dispatch@safetransportinc.ca

Company Name _____

Billing Address

Default Shipping Address
(If not the same as billing address)

Telephone # (_____) _____

Default Shipping # (_____) _____

Accounts Payable Contact _____ Ext. _____

Email for Invoicing _____

Email for Statements _____

Principal(s) _____

Operating Since _____

_____ Credit Limit Requested _____

Payment Option (Check One)

Direct Deposit

Credit Card

Cheque

Etransfer

Terms Requested:

On Receipt

5 Days

10 Days

15 Days

20 Days

30 Days

- EFT/Direct Deposit: Please send the payment remittance to dispatch@safetransportinc.ca
- Etransfer: Please send the etransfer, password and invoice numbers to dispatch@safetransportinc.ca
- Cheque: Please send to the mailing address and make cheque payable to Safe Transport Inc
- Credit Card: Subject to 3% processing fee - credit card form attached - once filled out, you are authorizing Safe Transport Inc to charge your credit card as invoices are due. You agree that no prior notification is necessary before charging the credit card

I (we) understand that freight bills are due and payable within 30 days from date of billing. Interest will be charged on account balances over 30 days at the rate of 2% per month. In connection with my application for credit I (we) hereby consent that a credit investigation be conducted.

Signature _____

Date _____



Trade References

** (Please supply an account number if necessary) **

1. **Company Name** _____ **Account Number** _____
Address _____
Contact _____
Telephone # (_____) _____ **Fax # (_____)** _____
Email _____

2. **Company Name** _____ **Account Number** _____
Address _____
Contact _____
Telephone # (_____) _____ **Fax # (_____)** _____
Email _____

3. **Company Name** _____ **Account Number** _____
Address _____
Contact _____
Telephone # (_____) _____ **Fax # (_____)** _____
Email _____

Please ensure all fields are completed to avoid delays in application process. If you have any questions, please contact us at dispatch@safetransportinc.ca



CREDIT CARD AUTHORIZATION FORM

Customer Name:		Order #:	
Phone Number:		Fax Number:	
Email Address:			
Authorizes Safe Transport Inc to process the following payment.			
Card Holders Name:			
Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
Card #:			
Expiration Date:		Security Code:	
Total Charges			
Card Holders Complete Address:			
City:			
Postal:		Prov/ State:	
Signature		Date	
Email signed filled out form to <i>dispatch@safetransportinc.ca</i>			