

P13000050547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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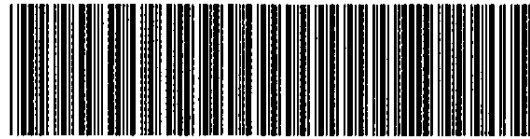
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN 10 PM 1:02

Ps 6/11/13

COVER LETTER

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

SUBJECT: DI'LA TRUCKING CORP

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: DINA SABO LA ROSA

Name (Printed or typed)

2715 SOUTHSIDE BLVD

Address

JACKSONVILLE FL 32216

City, State & Zip

(904)566 2936

Daytime Telephone number

dina.larosa@yahoo.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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: DILA TRUCKING CORP

13 JUN 10 PM 1:02

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

2715 SOUTHSIDE BLVD

N/A

JACKSONVILLE FL 32216

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: GENERAL FREIGHT CARGO

ARTICLE IV SHARES 1
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DINA SABO LAROSA, PRESIDENT

Name and Title: _____

Address 2715 SOUTHSIDE BLVD
JACKSONVILLE FL 32216

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: 13 JUN 10 PM 1:02
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: DINA SABO LA ROSA
Address: 2715 SOUTHSIDE BLVD
JACKSONVILLE FL 32216

ARTICLE VII INCORPORATOR

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

Name: DINA SABO LA ROSA
Address: 2715 SOUTHSIDE BLVD
JACKSONVILLE FL 32216

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.

Dina Sabo La Rosa
Required Signature/Registered Agent

06/03/13
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.

Dina Sabo La Rosa
Required Signature/Incorporator

06/03/13
Date