

PH1800035255

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000133192 3)))



H180001331923ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2018 APR 27 PM 4:27

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
LONG DISTANCE TRANSPORT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR 27 AM 10:58

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Long Distance Transport, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

9980 SW 168 Terr.

Miami FL 33157

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Giovanni Campilongo - P

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Giovanni Campilongo

9980 SW 168 Terr

Miami FL 33157

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

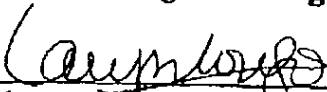
Giovanni Campilongo

9980 SW 168 Terr

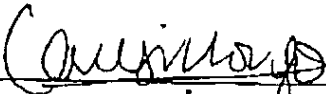
Miami FL 33157

Required Signatures:

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

 04.27.18
Registered Agent 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.

 04.27.18
Incorporator Date