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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : 120200000059

: (954)727-9771

Fax Number

: (954)727-9**7**73

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

FLORIDA PROFIT/NON PROFIT CORPORATION OSCKA EXPRESS TRANSPORT CORP

CLAY 0 8 2020

T. SCOTT

Certificate of Status	0
Certified Copy	0
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FAX COVER PAGE

TO: Division of Corporations

Fax Number: (850) 617-6381

From: Alexis Lamadrid 1267 S Pine Island Rd Plantation, FI 33324 (954) 727-9771 (305) 480-0269 (Falkal)

Diana@lamadridfinancial.com

Ref: OSCKA EXPRESS TRANSPORT CORP

Pleas be advised that we are re-submitting this application <u>as A PROFIT</u>

<u>CORPORATION</u>, before we send it by mistake as a NOT-PROFIT CORPORATION.

I spoke this morning with a representative and advised me to include this important information for you to make the correction.

We appreciate very much if you can help us with this issue, since the client is waiting to open bank accounts.

As always, thank you for your help regarding this issue.

ALEXIS LA MADRID

COVERTELIER

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

emprect. OSCK	A EXPRESS TRANSPORT	CORP	
SUBJECT: OSSI	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fcc, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM: AL	EXIS LAMADRID Nam	e (Printed or typed)	
12	1267 S PINE ISLAND RD Address		
<u>Pl</u>	ANTATION, FL 33324	, State & Zip	
(9:	54) 727-9771	Telephone number	
<u>Dl</u>	ANA@LAMADRIDFINANC		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)

CLE II PRIN	ICIPAL OFFICE		
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Principal street address	Mailing a	iddress, if different is:
LAGLER ST UNIT	204	11378 FLAGLER ST MIAMI, FL 33174	UNII 204
FL 33174		MIANI, FE 33174	
CLE III PUR urpose for which	POSE 1 the corporation is organized is: General F	reight Trucking Long	Distance
CLE IV SHA	IRES of stock is: 2000		
umber of shares	of stock is: 2000 TIAL OFFICERS AND/OR DIRECTORS	Int around Title	
umber of shares CLE V INI Name and T	of stock is: 2000		
umber of shares	of stock is: 2000 TIAL OFFICERS AND/OR DIRECTORS Title: Oscar Pulido Rodriguez - Preside		
umber of shares CLE V INI Name and T Address	of stock is: 2000 FIAL OFFICERS AND/OR DIRECTORS Fitle: Oscar Pulido Rodriguez - Preside 11378 FLAGLER ST UNIT 204	Address:	
umber of shares CLE V INI Name and T Address	of stock is: 2000 TIAL OFFICERS AND/OR DIRECTORS Title: Oscar Pulido Rodriguez - Preside 11378 FLAGLER ST UNIT 204 MIAMI, FL 33174	Address:	
Name and T Name and T	of stock is: 2000 TIAL OFFICERS AND/OR DIRECTORS itle: Oscar Pulido Rodriguez - Preside 11378 FLAGLER ST UNIT 204 MIAMI, FL 33174	Address:	
Name and T Address Name and T Address	of stock is: 2000 TIAL OFFICERS AND/OR DIRECTORS itle: Oscar Pulido Rodriguez - Preside 11378 FLAGLER ST UNIT 204 MIAMI, FL 33174	Address: Name and Title: Address:	\$80 R81 VIC OR SALE ARROSEF, F
Name and T Address Name and T Address	of stock is: 2000 TIAL OFFICERS AND/OR DIRECTORS itle: Oscar Pulido Rodriguez - Preside 11378 FLAGLER ST UNIT 204 MIAMI, FL 33174		SECRET 25:0 (7.1.1 45:0 55:0)

 Name and "	Title:	Name and Title:
Address		
ARTICLE VI RI	EGISTERED AGENT rida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	ALEXIS LAMADRID	_
Address:	1267 S PINE ISLAND RD	
	PLANTATION, FL 33324	_
ARTICL <u>E VII</u> L	NCORPORATOR	
	Iress of the Incorporator is:	
Name:	ALEXIS LAMADRID	_
Address:	1267 S PINE ISLAND RD	
	PLANTATION, FL 33324	
Efficient data if	EFFECTIVE DATE: other than the date of filing: tte is listed, the date must be specific and car	. (OPTIONAL) inot be more than five days prior or 90 days after the
Note: If the date the document's ef	inserted in this block does not meet the applica fective date on the Department of State's recon	ble statutory filing requirements, this date will not be listed as ds.
Having been name certificate, I am fa	ed as registered agent to accept service of proces uniliar with and accept the appointment as regi	is for the above stated corporation at the place designated in this stared agent and agree to act in this capacity
Ale	Required Signature/Registered Agent	57200 Date
I submit this document to the L	Pepurtment of State constitutes a third degree je	are true. I am aware that the false information submitted in a dony as provided for in s.817.155, F.S. Date



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