

7/8/2020

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Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

2020 JUL -9 PM 4:43

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MB Freight Corp

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

20 JUL -9 PM 1:37

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MB Freight Corp

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>8920 Williams Road</u> <u>Seffner, FL 33584</u>	Mailing address, if different is: <u>8920 Williams Road</u> <u>Seffner, FL 33584</u>
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Eduardo Moyano, PD</u> Address: <u>8920 Williams Road</u> <u>Seffner, FL 33584</u>	Name and Title: <u>Roxana Moyano, S</u> Address: <u>8920 Williams Road</u> <u>Seffner, FL 33584</u>
Name and Title: <u>Edwin Moyano, TD</u> Address: <u>8920 Williams Road</u> <u>Seffner, FL 33584</u>	Name and Title: <u>Hector Moyano, D</u> Address: <u>8920 Williams Road</u> <u>Seffner, FL 33584</u>
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

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

Name: Edwin Moyano

Address: 8920 Williams Road
Seffner, FL 33584

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edwin Moyano

Address: 8920 Williams Road
Seffner, FL 33584


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

	<u>7/8/20</u>
Required Signature/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.

	<u>7/8/20</u>
Required Signature/Incorporator	Date

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