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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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (917)243-5843

2020 OCT -9 AM 10:10  
RECEIVED  
CORPORATION  
FINANCIAL  
SERVICES

**\*\*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**  
**A Woman's Company Trucking Corp.**

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

2020 OCT -9 PM 4:39  
FILED  
CORPORATION  
FINANCIAL  
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Electronic Filing Menu

Corporate Filing Menu

Help

*John  
10/12/20*

**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: A Woman's Company Trucking Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10840 NW 6th Street  
Plantation, FL, 33324

10840 NW 6th Street  
Plantation, FL, 33324

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To engage in any lawful act or activity for which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 200 NPV

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Patricia Verde, Director  
Address: 10840 NW 6th Street  
Plantation, FL, 33324

Name and Title: Courtney Lipman, Director  
Address: 100 Tall Oak Crescent,  
Syosset, NY 11791

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

FILED  
2020 OCT -9 PM 4:39  
CLERK OF DISTRICT COURT  
11th Judicial Circuit  
In and for the State of Florida  
Plantation, Florida

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: Patricia Verde  
 Address: 10840 NW 6th Street  
 Plantation, FL, 33324

FILED  
 2020 OCT -9 PM 4:39  
 STATE OF FLORIDA  
 DEPARTMENT OF STATE

**ARTICLE VII INCORPORATOR**

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

Name: Patricia Verde  
 Address: 10840 NW 6th Street  
 Plantation, FL, 33324


**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 business days prior or 90 business days after the filing.)

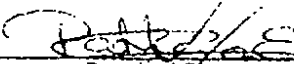
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

x   
 Required Signature/Registered Agent

10/08/2020  
 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.*

x   
 Required Signature/Incorporator

10/08/2020  
 Date