

**Division of Corporations** Electronic Filing Cover Sheet

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(((H21000455040 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TAX 4 TRUCKS INC Account Number : I20190000100 Phone : (305)764-3080 Fax Number : (305)675-6155

\*\*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 LOAD & ROAD INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

To: +18506176381

Page: 1 of 4

2021-12-17 17:43:56 GMT

10014771170

From: Tax 4 Trucks

850-617-6381

12/15/2021 7:03:39 AM PAGE 1/001

Fax Server



December 14, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

TAX 4 TRUCKS INC

SUBJECT: LOAD & ROAD INC

REF: W21000158829

We have received your document for LOAD & ROAD INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L16000220160.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline FAX Aud. #: H21000455040

Regulatory Specialist II Supervisor Letter Number: 221A00030181

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### H21000455040 3

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

ARTICLE I NAME The name of the corporat	ion shall be: ROB-CARGO INC		
18444 NW 32ND AVE	IPAL OFFICE Principal street address	Mailing address, if o	different is:
OPALOCKA, FL 3305		***************************************	
4RTICLE III PURPO The purpose for which th	NSI: ne corporation is organized is: ANY AND	ALL LAWFUL BUSINESS	- 1
ARTICLE IV SHARE The number of shares of s	<u>2.</u> 2		
	LOFFICERS AND/OR DIRECTORS ROBERTO ZALDIVAR; PRESIDENT	Name and Title.	
Address	13444 NW 32ND AVE		
	OPALOCKA, FL 33054		
		<del> </del>	
Name and Title:		Name and Title:	2021
Address		Address:	
		· -	17
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Name and Title:		Name and Title:	0: 3
Address			
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. Name ar	nd Title:	·	Name and Title:	
Address			Address:	
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				•
The name and Fl	<u>REGISTERED AGENT</u> orida street address (P.O. Box NO	Tiacaentable\ of t	<b>h.</b>	
		a acceptable) of t	ne registered agent is:	•
Name:	ROBERTO ZALDIVAR	<del> </del>		
Address:	13444 NW 32ND AVE	·		
	OPALOCKA, FL 33054			
		· · · · · · · · · · · · · · · · · · ·		
ARTICLE VII	INCORPORATOR		•	
The name and ad	dress of the Incorporator is:	,		
Name:	ROBERTO ZALDIVAR	· 		20
. Address:	13444 NW 32ND AVE	·		2021 DEC
	OPALOCKA, FL 33054	<del></del>	·	
		<del></del>	•	7
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if of	other than the date of filing:	01/01/2022		$\overline{}$
(II an effective d: filing.)	ate is listed, the date must be spec	ific and cannot l	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 fective date on the Department of S	the applicable st tate's records.	atutory filing requirements, this o	date will not be listed as
Having been nam certificate, I am fa	ed as registered agent to accept servi uniliar with and accept the appointn	ice of process for sent as registered	the above stated corporation at th agent and agree to act in this cap	e place designated in this pacity
	Required Signature/Register	od Agos	<u> </u>	12/14/2021
roje o o o	· · · · · · · · · · · · · · · · · · ·	, ,	•	Date
I submit this docu- document to the D	iment and affirm that the facts state epartment of State constitutes a thir	ted herein are tri d degree felony a	ue. I am aware that the false inf us provided for in s.817.155, F.S.	formation submitted in a
Partitud Similar	Ja O	,	· · · · · · · · · · · · · · · · · · ·	12/14/2021
Required Signatur	concerporator		Date	