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Florida Department of State
Division of Corporations
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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: jorge@tax4trucks.com

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FLORIDA PROFIT/NON PROFIT CORPORATION
MIGUEL SOLUTIONS INC

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

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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: MIGUEL SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
600 NW 6TH ST, UNIT 501
MIAMI BEACH, FL 33136

Mailing address, if different is:
600 NW 6TH ST, UNIT 501
MIAMI BEACH, FL 33136

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIGUEL RAMOS; PRESIDENT

Name and Title:

Address: 600 NW 6TH ST, UNIT 501
MIAMI BEACH, FL 33136

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

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: MIGUEL RAMOS
 Address: 600 NW 6TH ST, UNIT 501
MIAMI BEACH, FL 33136

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MIGUEL RAMOS
 Address: 600 NW 6TH ST, UNIT 501
MIAMI BEACH, FL 33136

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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

 Required Signature/Registered Agent 08/25/2022
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.

 Required Signature/Incorporator 08/25/2022
Date