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(Rec	questor's Name)		
(Add	dress)		
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(City	/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Doc	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to F	iling Officer:		

Office Use Only



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## TRANSMITTAL LETTER

Department of State

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Anthony trucking Corporation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 **□** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

NOTE: Please provide the original and one copy of the articles.

# 786 - 402 - 660)
Daytime Telephone number

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

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**ARTICLE I** 

The name of the corporation shall be Anthony Trucking Corporation

**ARTICLE II** 

The principal place of business/mailing address is: 11275 SW 47 Street; Miami, Florida 33165.

**ARTICLE III** 

The purpose for which the corporation is organized is any legal purpose under the laws of the State of Florida.

ARTICLE IV

The number of shares of stock is 100 shares of common stock.

ARTICLE V

The initial officers/directors is (are): Hector Lopez - President 11275 SW 47 Street; Miami, Florida 33165

ARTICLE VI

The registered agent of the corporation is: Hector Lopez 11275 SW 47 Street; Miami, Florida 33165

ARTICLE VII

The incorporator for this corporation is: Hector Lopez

11275 SW 47 Street; Miami, Florida 33165

Having been named as registered agent to accept service or 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 in this capacity.

Registered A

11-05-02 Date 11-05-02