

L23000413074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

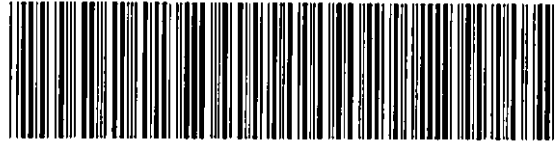
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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GALLAHASSEE, FLORIDA

18.

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Hyper Haul Logistics Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: David Gonzalez
Name (Printed or typed)

1616 W. Flagler Street Suite #9726
Address

Miami, Florida 33130
City, State & Zip

786-319-6194
Daytime Telephone number

HyperHaulLogistics@gmail.com
E-mail address: (to be used for future annual report notification)

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

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: Hyper Haul Logistics Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1616 W. Flagler Street
Suite # 9726
Miami, FL 33130

Mailing address, if different is:

- SAME -

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General Purpose

Please include EIN # 93-3282516

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephany Toledo (President)

Address: 1616 W. Flagler Street
Suite # 9726
Miami, FL 33130

Address:

N
A

Name and Title: David Gonzalez (Vice President)

Address: 1616 W. Flagler Street
Suite # 9726
Miami, FL 33130

Address:

N
A

Name and Title:

Address: N
A

Name and Title:

Address:

N
A
2021 Sept 1 PM 1:36

Name and Title: _____

Address: _____

N

A

Name and Title: _____

Address: _____

N

A

ARTICLE VI REGISTERED AGENT

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

Name: _____

David Gonzalez

Address: _____

1616 W. Flagler Street Suite # 9726
Miami, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

David Gonzalez

Address: _____

1616 W. Flagler Street Suite # 9726
Miami, FL 33130

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 7, 2023 (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

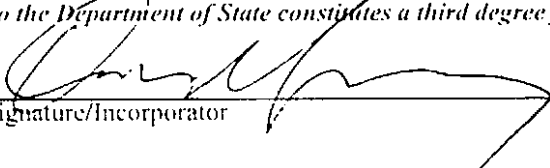


Required Signature/Registered Agent

September 7, 2023

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

Date

September 7, 2023

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