

POL0000115708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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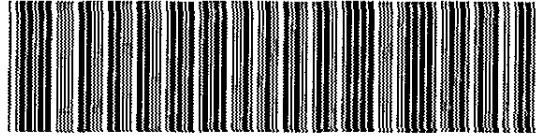
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Luiz F Pereira Trucking Inc.
(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: Luiz F Pereira
Name (Printed or typed)

64 Folcroft Lane
Address

Palm Coast, Florida 32137
City, State & Zip

386-445-0818
Daytime Telephone number

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:

LUIZ F PEREIRA TRUCKING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

64 FLOCROFT LANE
PALM COAST, FLORIDA 32137

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:

10000

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LUIZ F PEREIRA (OWNER)
64 FOLCROFT LANE
PALM COAST, FLORIDA 32137

ARTICLE VI REGISTERED AGENT

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

LUIZ F PEREIRA
64 FOLCROFT LANE
PALM COAST, FLORIDA 32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUIZ F PEREIRA
64 FLOCROFT LANE
PALM COAST, FLORIDA 32137

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





Signature/Registered Agent



Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date


Date