

PD8000020258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

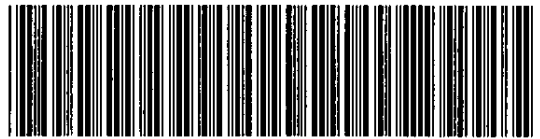
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: LCA 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: LCA Trucking, Inc.  
Name (Printed or typed)

5327 Los Palma Vista Drive  
Address

Orlando, FL 32837  
City, State & Zip

(321) 947-8445  
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:

LCA Trucking, Inc.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5327 Los Palma Vista Drive

Orlando, FL 32837

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Carrier

### **ARTICLE IV      SHARES**

The number of shares of stock is:

2 shares

### **ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

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

Laura Rojas, 5327 Los Palma Vista Drive,  
Orlando, FL 32837, President

Angel A. Rojas, 5327 Los Palma Vista Drive,  
Orlando, FL 32837, Vice-President

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Angel A. Rojas  
5327 Los Palma Vista Drive  
Orlando, FL 32837

**ARTICLE VII INCORPORATOR**

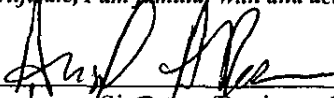
The **name and address** of the Incorporator is:

Angel A. Rojas  
5327 Los Palma Vista Drive  
Orlando, FL 32837

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TALLAHASSEE, FLORIDA

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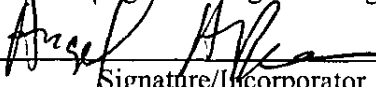
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
(Signature/Registered Agent)

02-20-08

\_\_\_\_\_  
Date



\_\_\_\_\_  
(Signature/Incorporator)

02-20-08

\_\_\_\_\_  
Date