

P12000045927

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
M. SED TRUCKING INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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

ARTICLE I NAME M. SED TRUCKING INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2664 MORES ROAD
WEST PALM BEACH, FL 33406

Mailing address, if different is:
2664 MORES ROAD
WEST PALM BEACH, FL 33406

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: PRESIDENT- MIGUEL E SED
Address: 2664 MORES ROAD
WEST PALM BEACH, FL 33406

Name and Title: _____
Address: _____

Name and Title: VICE PRESIDENT- LESBIA M SED
Address: 2664 MORES ROAD
WEST PALM BEACH, FL 33406

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

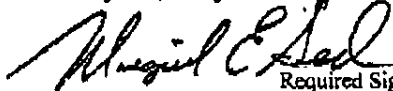
Name: MIGUEL E SED
Address: 2664 MORES ROAD
WEST PALM BEACH, FL 33406

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MIGUEL E SED
Address: 2664 MORES ROAD
WEST PALM BEACH, FL 33406

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

5/15/2012

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

5/15/2012

Date

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