

P13000079138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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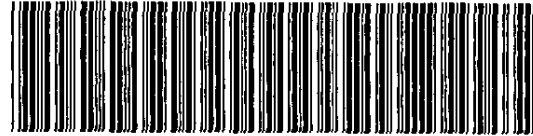
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
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## COVER LETTER

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

SUBJECT: **E&L LOGISTIC, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **E&L LOGISTIC, CORP.**

Name (Printed or typed)

**328 ALLENWOOD AVE**

Address

**LEHIGH ACRES, FL 33936**

City, State & Zip

**786-357-0769**

Daytime Telephone number

**hernand304@hotmail.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: E&L LOGISTIC, CORP.

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

328 ALLENWOOD AVE  
LEHIGH ACRES, FL 33936

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Mailing address, if different is:

328 ALLENWOOD AVE  
LEHIGH ACRES, FL 33936

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Delivery, carrier, driving and Operating trucks.

**ARTICLE IV SHARES**

The number of shares of stock is: 500 shares to \$.1.00each

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

Name and Title:	<u>Danny Lorenzo</u>	Name and Title:	_____
Address	<u>328 ALLENWOOD AVE</u> <u>LEHIGH ACRES, FL 33936</u>	Address:	_____ _____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Danny Lorenzo  
Address: 328 ALLENWOOD AVE  
LEHIGH ACRES, FL 33936

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Danny Lorenzo  
Address: 328 ALLENWOOD AVE  
LEHIGH ACRES, FL 33936

*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

9/16/13  
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

9/16/13  
Date