

06/23/2032

#0564 1/0/08

P14000067584

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. The fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000190079 3)))



H140001900793ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 675-5944

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

Email Address: \_\_\_\_\_

14 AUG 12 PM 4:30

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION  
J.L.L.G TRUCKING INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

14 AUG 12

14 AUG 12

B 8/13/14

# Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S.

**Article I - Name:** The name of the corporation shall be

J. L. L. G TRUCKING Inc

**Article II - Principal and Mailing Address**

1434 W 44 Terrace  
Hialeah FL 33012

**Article III - Shares**

The number of shares of stock is: 100

**Article IV - Initial Officers and/or Directors**

Jose Luis Lara-Gomez (P)

**Article V - Registered Agent**

The name and Florida street address of the registered agent is:

JOSE LUIS LARA-GOMEZ  
1434 W 44 Terrace  
Hialeah FL 33012

**Article VI - Incorporator**

The name and address of the incorporator is:

JOSE LUIS LARA-GOMEZ  
1434 W 44 Terrace  
Hialeah FL 33012

14 AUG 12 PM 4:30  
DIVISION OF REVENUE  
STATE OF FLORIDA

H14000190079

**Required Signatures:**

***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***

  
\_\_\_\_\_  
Registered Agent08/12/2014  
\_\_\_\_\_  
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.***

  
\_\_\_\_\_  
Incorporator08/12/2014  
\_\_\_\_\_  
Date14 AUG 12 PM 4:31  
DIVISION OF REVENUE  
STATE OF FLORIDA

H14000190079