

P14000076956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 16 PM 2:50

APPROVED
AND
FILED

V/H

COVER LETTER

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

SUBJECT: kendall Truck Rental 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
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: Hector Conde

Name (Printed or typed)

11205 Sw 113 Terr

Address

Miami Fl 33176

City, State & Zip

305-495-1865

Daytime Telephone number

kendalltrucks@comcast.net

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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

Kendall Truck Rentals Corp

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
Mailing address, if different is:

11205 Sw 113 Terr

Miami FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage or

transact in any or all lawful activities or business permitted under the laws of the United States, the state of Florida

or any other state, country, territory or nation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hector Conde President

Name and Title: _____

Address 11205 Sw 113 Terr

Address: _____

Miami FL 33176

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED (cont.)
AND
FILED

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

14 SEP 16 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

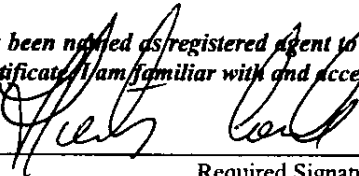
Name: Hector Conde
Address: 11205 Sw 113 Terr
Miami FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hector Conde
Address: 11205 Sw 113 Terr
Miami FL 33176

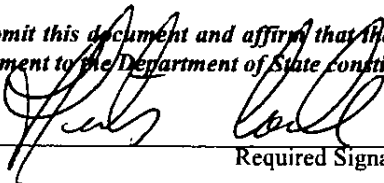
Having been notified as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

9/7/14
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

9/7/14
Date