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(((H15000130085 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Fax Number

: (305)552-5973 : (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:	 		

FLORIDA PROFIT/NON PROFIT CORPORATION KINGDOM TRUCK LINE CORP

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

JUN 0 2 2015

T. SCOTT

Corporate Filing Menu

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

ARTICLE 1 NAME: The name of the corporation is:		
KINGDOM TRUCK LINE CON	ررم	
ARTICLE II PRINCIPAL OFFICE:		,
The principal street address and mailing address is: 10755 SW 157H ST PEMBLOKE PINES FL 33025	APT	109
ARTICLE III SHARES: The number of shares of stock is:	5	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: WILLET & ESCANDON - VP	JUN -1 MM 9:	7
	56	elem Medi Series
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:		
WILDE CHAVEZ 10955 SW 15 ST Apt 109		·
Pembroke Hoes FL 33025 ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
WILDE CHAVEZ 10955 SW 15 ST ADT 109		
Dembroke Pines FL 33025		

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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 Ager

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.

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