

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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TO: DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MP TRUCKING, INC.**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:

MP Trucking, Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

15725 SW 297 terr  
Homestead, FL, 33033

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Maikel Padron Diaz (P)  
Ailenis Cabrera (VP)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Maikel Padron Diaz  
15725 SW 297 terr  
Homestead FL 33033

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator:

Maikel Padron Diaz  
15725 SW 297 Terr.  
Homestead FL 33033

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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 Agent

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.**



\_\_\_\_\_

Incorporator

Date

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