

**P16000021544**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

(((H16000060066 3)))



H16000060066 3

**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 : 120000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

FILED  
16 MAR -8 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*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  
AAA TRUCK SERVICE CORP**

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

16 MAR -8 PM 4:50

03-09-16

H16000060066

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:AAA TRUCK SERVICE Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1154 NW 27 AVE CAPE CORAL  
FL 33993**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**CARLOS ANAYA (P)SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR - 8 PM L: 50

FILED

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

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

Carlos Anaya1154 NW 27 AVE Cape Coral  
FL 33993**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Carlos Anaya1154 NW 27 AVE Cape Coral  
FL 33993

H16000060066

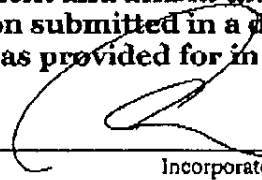
H16000060066

**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 Agent3/8/16  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator3/8/16  
\_\_\_\_\_  
Date

FILED  
16 MAR -8 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H16000060066