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.

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HIROGOM DARRESANCE

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Ta:

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.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION MOTHER TRUCKERS, INC.

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Certificate of Status	0
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APR 28 2016

S. GILBERT

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

ARTICLE I NAME: The name of the corporation is:	
Mother Truckers, Inc	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
640 NW 12 aug	
Mari Fz 33125 N	
ARTICLE III SHARES: The number of shares of stock is: 100 = ================================	
in the second of the second o	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Henry Laurido (P)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:	
the name and Fiorida siteet address (10 box not acceptable) of the registered again is:	
640 NW 12 AVE	
Miami FL 33125	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Henry Caurido	
640 NW 12 AVE	
Miami FL 33125	

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## **Required Signatures:**

04/27/2016 14:26

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.