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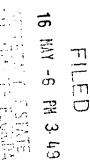
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	· · · · ·
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
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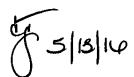




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COVER LETTER

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

i are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
		4	
FROM:	iben Rodriguez Ramirez Nam	ne (Printed or typed)	
FROM:	-	ne (Printed or typed)	
FROM:	Nam	ne (Printed or typed) Address	
FROM:	Nam 780 Lenaire Dr tler Bay, FL. 33157-6960	Address	
FROM: 	Nam 780 Lenaire Dr tler Bay, FL. 33157-6960	· · · · · · · · · · · · · · · · · · ·	
FROM:	Nam 780 Lenaire Dr tler Bay, FL. 33157-6960 City 6-439-5373	Address	

NOTE: Please provide the original and one copy of the articles.

EFFECTIVE DATE 05/02/19

ARTICLES OF INCORPORATION

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

FILED

: ARTICLE I NAME The name of the corpora	tion shall be: Ruben R Trucking, Inc.	16 MAY -6	PH 3.49	
ARTICLE II PRINC		Mailing address, if different is:		
18780 Lenaire Dr		18780 Lenaire Dr		
Cutler Bay, FL. 33157-6960		Cutler Bay, FL. 33157-6960		
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is:	tion (Dirt, Gravel, Sand)		
· · · · · · · · · · · · · · · · · · ·				
1			·	
			<u> </u>	
	Stock is: IL OFFICERS AND/OR DIRECTORS Ruben Rodriguez Ramirez President	Name and Title:		
Address	18780 Lenaire Dr	Address:		
	Cutler Bay, FL. 33157-6960			
•		<u> </u>		
Name and Title		Name and Title:		
Address		Address:		
<i>.</i>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
			 -	
Name and Title:	<u> </u>	Name and Title:		
Address				

	nd Title:	Name and Title.	
Address	s	Address:	· .
	REGISTERED AGENT Storida street address (P.O. Box NOT acceptate	ole) of the registered agent is:	
Name:	Ruben Rodriguez Ramirez		
vddress:	18780 Lenaire Dr		mar v
	Cutler Bay, FL. 33157-6960		施货 16
RTICLE VII	<u>INCORPORATOR</u>		WAY -6
he <u>name and a</u>	ddress of the Incorporator is:		
··Name:	Ruben Rodriguez Ramircz		<u>මුටු</u>
Address:	18780 Lenaire Dr		64
	Cutler Bay, FL. 33157-6960		
	EFFECTIVE DATE: May 2, 2016		
l'ective date, il Fan effective	date is listed, the date of filing:date is listed, the date must be specific and c	annot be more than five bus	AL) siness days prior or 90 business
	67		
ays after the fine date document's o	e inserted in this block does not meet the applie effective date on the Department of State's reco	ords.	
ays after the fine data the document's and data the document's and data the		ords. rocess for the above stated con	rporation at the place designated
ays after the fine date document's a	effective date on the Department of State's reco med as registered agent to accept service of pr	ords. rocess for the above stated con	rporation at the place designated
ays after the fine data de document's de document de documen	effective date on the Department of State's recommed as registered agent to accept service of professional am familiar with and accept the appointment Required Signature/Registered Agen	ords. cocess for the above stated con as registered agent and agree	rporation at the place designated to act in this capacity May 2, 2016 Date
ays after the factor of the data of the document's of the data of the document's of the document's of the document's of the document of the do	effective date on the Department of State's recommed as registered agent to accept service of professional amfamiliar with analycept the appointment	ords. rocess for the above stated con as registered agent and agree t n are true. I am aware that the	rporation at the place designated to act in this capacity May 2, 2016 Date he false information submitted in
ays after the factor of the data of the document's of the data of the document's of the document's of the document's of the document of the do	med as registered agent to accept service of professional am familiar with and accept the appointment Required Signature/Registered Agen cument and affirm that the facts stated herein	ords. rocess for the above stated con as registered agent and agree t n are true. I am aware that the	rporation at the place designated to act in this capacity May 2, 2016 Date he false information submitted in

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