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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** La Voluntad Transport, Corp.

**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Joel Guerra Perez

Name (Printed or typed)

5010 NW 199 ST

Address

Miami Gardens, FL 33055

City, State & Zip

1-954-549-7588

Daytime Telephone number

joelguerra2011@yahoo.com

E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: La Voluntad Transport, Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5010 NW 199 ST

Miami Gardens, FL. 33055

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Transportation Company

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Joel Guerra Perez, President

Address

5010 NW 199 ST

Miami Gardens, FL. 33055

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Joel Guerra Perez  
Address: 5010 NW 199 ST  
Miami Gardens, FL 33055

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Joel Guerra Perez  
Address: 5010 NW 199 ST  
Miami Gardens, FL 33055

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/15/2016, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

\_\_\_\_\_  
Required Signature/Registered Agent  
08/15/2016  
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.*

\_\_\_\_\_  
Required Signature/Incorporator  
08/15/2016  
Date