

P1600009/319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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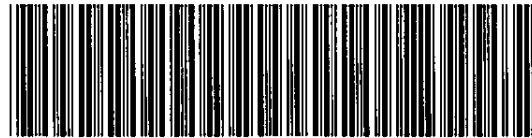
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 NOV 10 AM 8:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

V HERRING

NOV 16 2016

COVER LETTER

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

SUBJECT: LC Services & transportation.INC.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Lisvan Caballero

Name (Printed or typed)

4350 nw 8th Ter Apt 417

Address

Miami.FL 33126

City, State & Zip

305-713-2151

Daytime Telephone number

N/A

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: LC Services & Transportation, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4350 NW 8TH TER apt 417

Miami ,FL 33126.

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisvan Caballero/Prersident

Name and Title:

Address 4350 nw 8th ter apt 417

Address:

Miami,FL 33126

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: Lisvan Caballero _____

Address: 4350 nw 8th ter apt 417 _____

Miami ,FL 33126 _____

ARTICLE VII INCORPORATOR

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

Name: Lisvan Caballero _____

Address: 4350nw 8th ter apt 417 _____

Miami ,FL 33126 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/03/2016 _____ (OPTIONAL)

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

11/03/2016

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

11/03/2016

Date