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.

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	Division of Corporations	$\tilde{N}_{\tilde{s}}$	9
	Fax Number : (850)617-6381	35.	PX
From:		٠٠٠	- د م
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973	GARD.	, C
	Phone : (305)552-5973 Fax Number : (305)675-5944	2	

FLORIDA PROFIT/NON PROFIT CORPORATION MY TRUCK TRANSPORT INC.

annual report mailings. Enter only one email address please.**

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

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Electronic Filing Menu

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Corporate Filing Menu

Help

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

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TAME: The name of the corporation is:
My Truck Transports INC.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
375 NE ZE ave apro 202
Housestead FC 33030.
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Kaul a berto Alvarez Lobez.
- President
in.
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The Control of the Co
ARTICLE V INITIAL REGISTERED ACENT AND STORET ADDRESS
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
RAUL ALBERTO ALVAREZ LOPEZ
375 NE 26 AVE OPT 202
HOMESTEAD FL 33030
ARTICLE VI INCORPORATOR: The name and address of the I
THE HALL AND AND THE HALL AND THE HEALTH IS
375 NE 26 AUT ONT DE
RAUL ALBERTO ALVAREZ LOPEZ 375 NE 26 AVE apt 202 HOMESTEAD FL 33030

H18000047192

Required Signatures:

Having been named as registered agent to accept service of a corporation at the place designated in this certificate, I am for appointment as product the certificate of the certificate.	
corporation at the place designated in this certificate	process for the above stated
corporation at the place designated in this certificate, I am appointment as registered agent and agree to act	amiliar with and accept the
	in this capacity
Radius	
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 \$817.155, F.S.

Incorporator

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