

P18000061923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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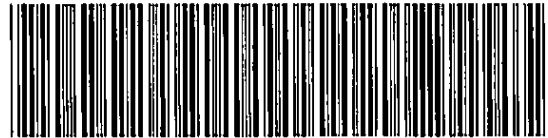
(Business Entity Name)

(Document Number)

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07/16/18--01012--001 \*\*70.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUL 16 AM 10:24  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT:

Pegaso Trucking Logistics, 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:

Marilyn Gomez, CPA  
Name (Printed or typed)

7819 Tatum Waterway Drive - #6  
Address

Miami Beach, FL 33141  
City, State & Zip

(786) 337-0052  
Daytime Telephone number

Marilyn0214@outlook.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: Pegaso Trucking Logistics, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1604 SE 5 Street  
Homestead, Fl 33033

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Trucking Services  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

President  
Name and Title: Jorge L. Martinez-Marrero Name and Title: \_\_\_\_\_

Address 1604 SE 5 Street Address: \_\_\_\_\_  
Homestead, Fl 33033 \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUL 16 AM 10:24  
TALLAHASSEE, FLORIDA

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: Jorge L. Martinez-Marrero  
Address: 1604 SE 5 Street  
Homestead, FL 33033

**ARTICLE VII INCORPORATOR**

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

Name: Jorge L. Martinez-Marrero  
Address: 1604 SE 5 Street  
Homestead, FL 33033

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

(Signature)  
Required Signature/Registered Agent

7/9/18  
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.*

(Signature)  
Required Signature/Incorporator

7/9/18  
Date