

Florida Department of State  
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.

((H18000284997 3)))



H180002849973ABCF

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
J.DIAZ TRUCKING USA INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2018 OCT - 1 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:J. DIAZ TRUCKING USA, INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

650 SW Bird Rd C8  
MIAMI FL 33155**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**JOEL DIAZSECRETARY OF STATE  
TALLAHASSEE, FL

2018 OCT - 1 AM 10:53

FILED

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JOEL DIAZ6150 SW Bird Rd C8  
MIAMI FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JOEL DIAZ6150 SW Bird Rd C8  
MIAMI FL 33155

**Required Signatures:**

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

\_\_\_\_\_  
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 s.817.155, F.S.

\_\_\_\_\_  
Incorporator Date

**FILED****2018 OCT - 1 AM 10:53****SECRETARY OF STATE  
TALLAHASSEE, FL**