

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : THREE K EAST CARRIER SERVICES INC
Account Number : I20180000033
Phone : (305)805-3516
Fax Number : (305)887-5844

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

Email Address: Mariabladimir@yahoo.es

**FLORIDA PROFIT/NON PROFIT CORPORATION
LAD TRUCK INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

TS. 2/20/19

Electronic Filing Menu

Corporate Filing Menu

Help

(H190000967803)

COVER LETTER

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

SUBJECT: LAD TRUCK 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
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: LUIS M ^{Last Name} CABRERA COCA

Name (Printed or typed)

3402 SW 87TH AVE

Address

MIAMI, FL 33165

City, State & Zip

305-767-6176

Daytime Telephone number

MARIABLADIMIR@YAHOO.ES

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

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

(H190000567803)

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

ARTICLE I NAME LAD TRUCK INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
3402 SW 87TH AVE 3402 SW 87TH AVE
MIAMI, FL 33165 MIAMI, FL 33165

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	LUIS M. CABRERA COCA, PRES	Name and Title:	_____
Address	3402 SW 87TH AVE	Address:	_____
	MIAMI FL 33165		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

FILED
200 FEB 19 AM 10:35

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

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

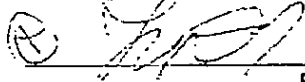
Name: LUIS M. CARRERA COCA
 Address: 3402 SW 87TH AVE
MIAMI, FL 33165

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: LUIS M. CARRERA COCA
 Address: 3402 SW 87TH AVE
MIAMI, FL 33165

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 2-15-19. (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

2-15-19

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

2-15-19

Date