## Electronic Filing Cover Sheet

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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:	
CIMO TT	MUUI C33.	

## FLORIDA PROFIT/NON PROFIT CORPORATION ELEVEN AUTO TRANSPORT INC

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

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ELEVEN AUTO TRANSPORT. INC		
ARTICLE II PRINCIPAL OFFICE:	<u>_</u>	
The principal street address and mailing address is:		
12040 SW 43 ST MIAMI FL		
33175		
ARTICLE III SHARES: The number of shares of stock is: 100.	<del>·</del>	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	20	
_ YOSVANY SASTRE (P)	2019 MAR Section	77
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	H. H.	
	<del></del>	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	<u> </u>	
The name and Florida street address (PO Box not acceptable) of the registered agen	t is:	
YOSVANY SASTRIF	' <del>-</del>	
12046 SW 43 ST	<del>-</del>	
MIAMI FL. 33175,	Ī	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator	is:	
- Yosuany Sastre	<u>_</u>	
12040 SW 43 St.	<u> </u>	
MIAMI FL. 33175.	<u> </u>	

## 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

3052201440

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

2019 MAR 18 AM 9: 27