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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DAKOTA ACCOUNTING SERVICES INC.

Account Number : I20160000034 Phone : (305)595-1252 Fax Number : (305)255-2729

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

\ddress:					
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FLORIDA PROFIT/NON PROFIT CORPORATION AGZ TRUCKING INC

Certificate of Status 1 Certified Copy 0 Page Count 01 Estimated Charge \$78.75

3

D O'KEEFE

COVER LETTER

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

SUBJECT: AUZ 11	CUCKING INC					
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i a check for:			
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$73.75 Filing Fee & Certified Copy	& Certificate of Status			
		ADDITIONAL CO	PY REQUIRED			
FROM: AN	GEL MARTIN	e (Printed or typed)				
9890	N KENDALL DRIVE APT 205					
	Address					
MLA	MI, FL 33176					
<u>-</u>	City	, State & Zip				
786	218 5375					
	Daytime ?	Celephone number				
ANO	JELPABLO1959@GMAIL.COM					
	E-mail address: (to be use	d for future annual report r	otification)			

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)

<u>ICLE II PRIN</u>	JPAL OFFICE						
Principal street address 390 N KENDALL DRIVE APT 205			2	Mailing address	s, if different	is:	
MI, FL 33176	UVE APT 205						_
				<u> </u>	-		
							
TCLE III PURP purpose for which	OSE the corporation is organized	l is:	ALL LAWFULL I	BUSINESS			<u>.</u>
	···	<u>-</u>					
				····			
TCLE IV SHAR	ES 100			····			
TCLE IV SHAR	7. 100						
number of shares of	stock is:		<u> </u>				
number of shares of	stock is: L OFFICERS AND/OR D	<u>IRECTORS</u>					
number of shares of TCLE V INITE Name and Title	stock is:	IRECTORS AUSIDENT	Name and Title:				
number of shares of	stock is: **IL OFFICERS AND/OR D S: ANGEL MARTIN **	IRECTORS AUSIDENT	Name and Title:		-		
number of shares of TCLE V INITE Name and Title	stock is: LOFFICERS AND/OR D ANGEL MARTIN 9890 N KENDALL DRIV APT 205 MIAMI, FL 33176	irectors Nesident	Name and Title:				
number of shares of TCLE V INITU Name and Title Address	Stock is: ANGEL MARTIN 9890 N KENDALL DRIV APT 205 MIAMI, FL 33176	IRECTORS PLESIDENT	_ Name and Title:_ _ Address: 		(Ba-)		
number of shares of TCLE V INITU Name and Title Address	stock is: LOFFICERS AND/OR D ANGEL MARTIN 9890 N KENDALL DRIV APT 205 MIAMI, FL 33176	IRECTORS PLESIDENT	_ Name and Title:_ _ Address: 		(A)	19	
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Name and Title Address Address	Stock is: ANGEL MARTIN 9890 N KENDALL DRIV APT 205 MIAMI, FL 33176	IRECTORS PUSIDENT	Name and Title: Address: Name and Title: Address: Name and Title:		AL ALL	19 BW 1 5 PM 1 2 1	- :

Name a	and Title:	Name and Title:		_
Addro	63	Address:		_
			·	_
				-
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	a) of the maintenad arms in		
Name:	JNNAZ PRO SERVICE INC	e) of the registered agent is:		
Address:	13501 SW 128TH ST SUITE 217		A 19 H	
	MIAMI, FL 33186			
ΑΡΥΊΟΙ Ε ΥΤΙ	<u>INCORPORATOR</u>		5 F	
71111 ODD 731	A. reord Orosz Or			
The name and	address of the Incorporator is:		.	
Name:	JNNAZ PRO SERVICE INC		• C	æ.
Address:	135001 SW 128TH ST SUITE 217			62
	MIAMI, FL 33186	-		
Effective date, i	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and ca	. (OPTIONAL) anot be more than five days pri	or or 90 days after the	
Note: If the data the document's	te inserted in this block does not meet the applica effective date on the Department of State's recor	ble statutory filing requirements, ds.	this date will not be listed as	;
Having been no this certificate?	amed as registered agent to accept service of pro I ampfamiliar with and agcept the appointment as	registered agent and agree to act	t in this capacity	in
, , ,	Required Signature/Registered Agent	·	5/10/19 Date	
I submit this do	ocument and affirm that the facts stated herein	are true. I am aware that the fal	se information submitted in	a
accument to the	Popartment of State constitutes a third degree for	clony as provided for in s.817.155.	, F.S.	
N W			5/10/19	
Requ	uired Signature/Incorporator		Date	