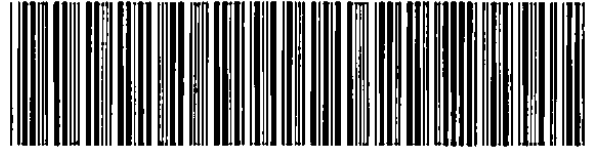


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DIVISION OF CORPORATIONS
19 JUN 25 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUL 08 2019

COVER LETTER

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

SUBJECT: L Mega Transport 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: Linas Meilutis
Name (Printed or typed)
21851 Rainbow Lake Ct
Address
Estero, FL 33928
City, State & Zip
239-850-8767
Daytime Telephone number
4guysdevelopment@gmail.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: L Mega Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

21851 Rainbow Lake CT
Estero, FL 33928

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Trucking Services
and Support

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Linas Merlatis - Pres. Name and Title: _____

Address: 21851 Rainbow Lake CT Address: _____
Estero, FL 33928

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

19 JUN 25 AM 10:15
FILED
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: Linas Meilutis
Address: 71851 Rainbow Lake Ct
Estero, FL 33928

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Neal Ingram
Address: 1000 Tamiami Tr. W.
Naples, FL 34102

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
19 JUN 25 AM 10:15

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

6-20-19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

6/21/19
Date