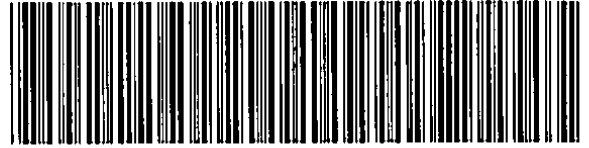


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
19 JUL 23 PM 10:18  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** PEDRAZA TRUCKING CORP  
(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:** ANTONIO PEDRAZA  
Name (Printed or typed)

3556 WEST 106 TERRACE  
Address

HIALEAH FL 33018  
City, State & Zip

(580)754-0877  
Daytime Telephone number

ANTONIOPEDRAZA42@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** PEDRAZA TRUCKING CORP

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3556 WEST 106 TERRACE

3556 WEST 106 TERRACE

HIALEAH FL 33018

HIALEAH FL 33018

**ARTICLE III PURPOSE**

ANY AND ALL LAWFULL BUSINESS

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES** 10

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ANTPNIO PEDRAZA / PRESIDENT

Name and Title: \_\_\_\_\_

Address 3556 WEST 106 TERRACE

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

HIALEAH FL 33018

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JUL 23 PM 10:18  
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: ANTONIO PEDRAZA  
 Address: 3556 WEST 106 TERRACE  
HIALEAH FL 33018

DEPARTMENT OF STATE  
 DIVISION OF CORPORATION  
 19 JUL 23 PM 10:18  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ANTONIO PEDRAZA  
 Address: 3556 WEST 106 TERRACE  
HIALEAH FL 33018

**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*

\_\_\_\_\_  
 Required Signature/Registered Agent 07/15/2019  
 \_\_\_\_\_  
 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 07/15/2019  
 \_\_\_\_\_  
 Date