

Sep 24 19:05:19  
9/24/2019

p.1

**P190000072923**

Division of Corporations

Florida Department of State  
Division of Corporations  
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Fax Number : (305)887-5844

C RICO  
SEP 24 2019

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

Email Address: DidaydeLopez@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
E.L.O. TRUCK INC

Certificate of Status	0
Certified Copy	0
Page Count	04
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Corporate Filing Menu

Help

(H/ 90002855193)

# COVER LETTER

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

**SUBJECT:** E.L.O. 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**

*2 Last Name*

**FROM:** OLIDAY VORTIZ GONZALEZ

Name (Printed or typed)

609 E VENTURA AVE

Address

CLEWISTON, FL 33440

City, State & Zip

786-499-9569

Daytime Telephone number

OLIDAYDELOPEZ@GMAIL.COM

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

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

(H1 9000 285519)

**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: E.L.O. TRUCK INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
609 E VENTURA AVENUE  
CLEWISTON, FL 33440

Mailing address, if different is:  
609 E VENTURA AVENUE  
CLEWISTON, FL 33440

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: OLIVIA ORTIZ GONZALEZ, PRES

Address: 609 E VENTURA AVENUE  
CLEWISTON, FL 33440

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

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

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

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

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

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

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

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

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

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

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COUNTY OF  
HILLSBORO  
19 SEP 26 PM 6:03

4190012855193

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: OLIDAY ORTIZ GONZALEZ  
 Address: 609 E VENTURA AVENUE  
 CLEWISTON, FL 33440

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: OLIDAY ORTIZ GONZALEZ  
 Address: 609 E VENTURA AVENUE  
 CLEWISTON, FL 33440

19 SEP 24 PM 6:03

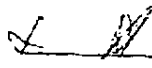
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9-23-2019 (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

9-23-2019  
 \_\_\_\_\_  
 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

9-23-2019  
 \_\_\_\_\_  
 Date