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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : TAX 4 TRUCKS INC
Account Number : I20190000100
Phone : (305)764-3080
Fax Number : (305)675-6155

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
J&D TRASCARGO INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

20 JAN -3 11:46
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

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: J&D TRASCARGO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1113 TAMMY LN

PANAMA CITY, FL 32404

Mailing address, if different is:

1113 TAMMY LN

PANAMA CITY, FL 32404

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YOEL DEL RIO SOSA; PRESIDENT

Name and Title: _____

Address 1113 TAMMY LN

Address: _____

PANAMA CITY, FL 32404

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: YOEL DEL RIO SOSAAddress: 1113 TAMMY LNPANAMA CITY, FL 32404**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: YOEL DEL RIO SOSAAddress: 1113 TAMMY LNPANAMA CITY, FL 32404**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 Agent1/2/2019

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

Date

1/2/2019