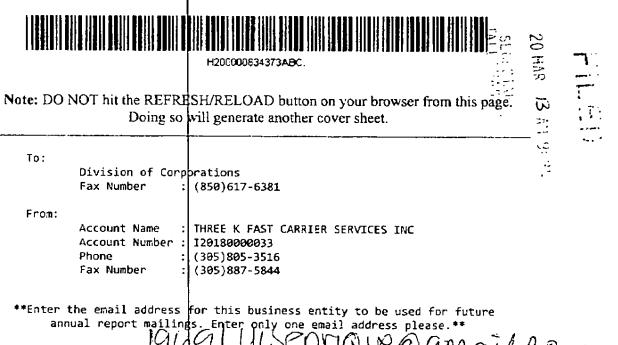
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000083437 3)))



FLORIDA PROFIT/NON PROFIT CORPORATION ANGY TRUCKING INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER (# 2.000,00834373)

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

	(PROPOSI	D CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
ed are an orig	inal and one (1) c	ppy of the arti	icles of incorporation and	i a check for:
X \$70.00 Filing Fee	S78.75 Filing Fee & Certificate o	f Status	□ \$78.75 Filing Fee & Certified Copy	& Certified Copy & Certificate of Status
			ADDITIONAL CO	PPY REQUIRED
	56		(Printed or typed)	07
	56		SOLD WAY APT 1 Address	07
	N.		LORIDA 34109	
		City,	State & Zip	······································
			597-8368	
		Daytime T	elephone number	
	1969	LUISENR	IQUE@GMAIL.CO	OM



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM The name of the corpor	E ration shall be: AN	GY TRUC	CKING INC	
ARTICLE II PRIN			Mailing address, if different is:	
5616 MARIGO	OLD WAY APT 10	7	5616 MARIGOLD WAY APT 10	7
NAPLES, FLO	ORIDA 34109		NAPLES, FLORIDA 34109	
ARTICLE III PURI The purpose for which	OSE the corporation is organized	is:		
ANY AND AL	L LAWFUL BUSIN	ESS		
ARTICLE IV SHAR The number of shares of ARTICLE V INITL Name and Titl Address	stock is: 100 AL OFFICERS AND/OR DI	EZ, PRES	Name and Titie:	
	NAPLES, FLORIDA		Address:	
		<u> </u>	-	—
Name and Title			Name and Title:	 -
Address				_
				_
		<u> </u>		_
Name and Title:			Name and Title:	
Address				_
				_
				_
				_

Name and Title:	Name and Title:	0083951/3
Address	Address:	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Bo	NOT acceptable) of the registered agent is:	
Name: LUIS L. RCC	11905 2	
Address: <u>5661714</u>	rigord Way Apt/07	
Naples, F	L3341091	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: JUISE. F	Rodriquez	
Address: 50 6 Mag	igold Way Apt 187	
Na Dies F	34109	
	.,,,,	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	3-13-2020 (OPTIONAL)	
(If an effective date is listed, the date must be filing.)	specific and cannot be more than five days prior	or 90 days after the
the document's effective date on the Departmen	meet the applicable statutory filing requirements, the of State's records.	is date will not be listed as
Having been numed as registered agent to accept	service of process for the above stated corporation a	adkantaa ta'a a ta'a sa
certificate, I am familiar with and accept the app	ointment as registered agent and agree to act in this	capacity
Market Barrier B		3-13-2020
Required Signature/Re		Date
document to the Department of State constitutes	stated herein are true. I am aware that the false third degree felony as provided for in s.817.155, F.,	information submitted in a S.
T [[]	1	3-13-2020
Required Signature/Incorporator	Date	