

P 20 000032061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

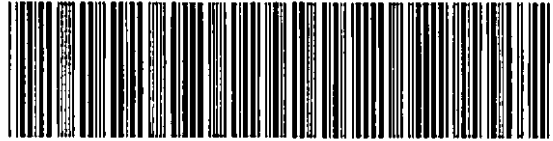
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/24/20--01016--015 **70.00

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2020 APR 24 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Lema 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 ☐ \$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: Iracema Grauz
Name (Printed or typed)
8180 NW 36th St. # 406
Address
Doral, FL 33166
City, State & Zip
(305) 406 - 3800
Daytime Telephone number
A+plus@Live.com
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FL

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AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **RUBEN A. LEMA**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **LEMA TRUCKING CORP**, a Florida corporation to be filed with the Florida Department of State on or about **April 17, 2020**.
2. The undersigned hereby consents to and authorizes the use by **LEMA TRUCKING CORP**, of the name **LEMA TRUCKING CORP**.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.


RUBEN A. LEMA

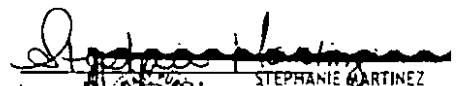
STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Rigoberto Moreno, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 17th day of April, 2020

SECRETARY OF STATE
TALLAHASSEE, FL
2020 APR 24 PM 1:29

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Notary Public Signature
STEPHANIE MARTINEZ
Notary Public - State of Florida
Commission # GG 276107
My Comm. Expires Nov 13, 2021
Bonded through National Notary Assn

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: Lema Trucking CORP

ARTICLE II PRINCIPAL OFFICE

16491 Blatt Blvd Principal street address
202

Mailing address, if different is:

Weston, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ruben A. Lema Name and Title: President

Address: 16491 Blatt Blvd Address:
202
Weston, FL 33326

Name and Title: Address: Name and Title: Address:

Address: Address:

Name and Title: Address: Name and Title: Address:

Address: Address:

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CLERK OF STATE
TALLAHASSEE, FL

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: Ruben A. Lema
Address: 16491 Blatt Blvd #202
Weston, FL 33326

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Ruben A. Lema
Address: 16491 Blatt Blvd #202
Weston, FL 33326

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/17/2020 (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

Ruben Lema
Required Signature/Registered Agent

04/17/20
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.

Ruben Lema
Required Signature/Incorporator

04/17/20
Date