

P20000040232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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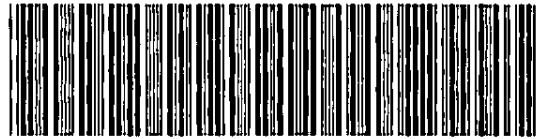
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY 26 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: MARIE TRUCK SERVICE 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

FROM: RUBEN RODRIGUEZ VAZQUEZ
Name (Printed or typed)

7965 W 30 CT APT. 101
Address

HIWEEAH, FLORIDA 33018
City, State & Zip

(786) 792-4818
Daytime Telephone number

Aime.AROCHA@ATT.NET
E-mail address: (to be used for future annual report notification)

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

DEPT. OF STATE
TALLAHASSEE, FL

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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:

MARIE TRUCK SERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

7965 W 30 CT APT. 101
HIALEAH, FL. 33018

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ROAD SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Ruben Rodriguez Vazquez, Pres.

Address

7965 W 30 CT APT. 101
HIALEAH, FL. 33018

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY 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 RODRIGUEZ VAZQUEZ

Address:

7965 W 30 CT Apt. 101

HIALEAH, FL. 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

RUBEN RODRIGUEZ VAZQUEZ

Address:

7965 W 30 CT Apt. 101

HIALEAH, FL. 33018

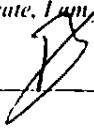
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/20/2020 (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

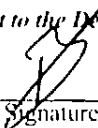


Required Signature/Registered Agent

05/20/2020

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

05/20/2020

Date

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DEPARTMENT OF STATE