

P2000041178

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
LAB TRANSPORT SOLUTIONS CORP**

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

2020 JUN -5 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FL
2020 JUN -5 AM 7:57

FILED

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

ARTICLE I NAMEThe name of the corporation shall be: LAB TRANSPORT SOLUTIONS CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address15272 SW 11TH STMIAMI, FL 33194

Mailing address, if different is:

15272 SW 11TH STMIAMI, FL 33194**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: LUIS A BARRIOS, PRESIDENT

Name and Title: _____

Address 15272 SW 11TH ST

Address: _____

MIAMI, FL 33194

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2020 JUN -5 PM 2:05
CLERK OF STATE
TALLAHASSEE, FL

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

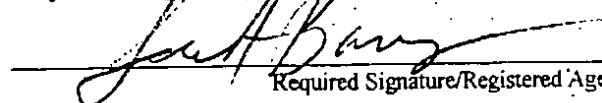
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: LUIS A BARRIOSAddress: 15272 SW 11TH STMIAMI, FL 33194**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LUIS A BARRIOSAddress: 15272 SW 11TH STMIAMI, FL 331942020 JUN -5 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE VIII EFFECTIVE DATE:

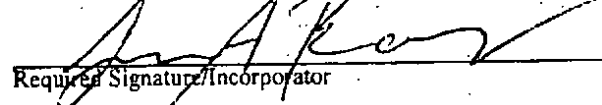
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 Agent06/04/2020

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/IncorporatorDate 06/04/2020

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