

P20000048902

(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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JUL 6 2020
FALLS CHURCH, VA

2020 JUL -6 AM 10:55

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07 2020

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12905 SW 42 STREET Suite: 210
MIAMI, FL 33175
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Trucking Quality Logistics Corp
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

| New Filings | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | Non-Profit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Other: |

| Amendments | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Amendments |
| <input type="checkbox"/> | Resignation |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Other: |

| Other Filings | |
|--------------------------|-----------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Apostille: |
| <input type="checkbox"/> | Other: |

Examiners Initials

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: TRUCKING QUALITY LOGISTICS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14629 SW 104 ST STE: 401

MIAMI, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE OF THE CORPORATION IS TO ENGAGE IN ANY
LAWFUL ACTIVITY FOR WICH CORPORATIONS MAY BE SUFFICIENT.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHEL OQUENDO (P)

Name and Title: _____

Address 14629 SW 104 ST STE: 401

Address: _____

MIAMI, FL 33186

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2020 JUL -6 AM 10:55
STATE OF FLORIDA
TALLAHASSEE

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: EXPRESS CORPORATE FILING SERVICE, INC.

Address: 12905 SW 42 ST STE: 210

MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHEL OQUENDO

Address: 14629 SW 104 ST STE: 401

MIAMI, FL 33186

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 Agent

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