

7/20/2020

Division of Corporations

P20 000053384

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H20000234592 3)))



H200002345923ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : 120000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

**\*\*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  
CLAPERA TRUCK CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

2020 JUL 20 AM 10:48

FILED

FLORIDA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS  
AND COMMERCIAL SERVICES

2020 JUL 20 PM 3:45

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

**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: CLAPERA TRUCK CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5300 SW 4TH STCORAL GABLES, FL 33134**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 500 @ \$ 1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DAVID LOPEZ CLAPERA (D/P/S)

Name and Title: \_\_\_\_\_

Address 5300 SW 4TH ST

Address: \_\_\_\_\_

MIAMI, FL 33134

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2020 JUL 20 AM 10:48  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

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: DAVID LOPEZ CLAPERA  
Address: 5300 SW 4TH ST  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: DAVID LOPEZ CLAPERA  
Address: 5300 SW 4TH ST  
CORAL GABLES, FL 33134

**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 7/20/2020

*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 7/20/2020

2020 JUL 20 AM 10:48  
TALLAHASSEE, FL  
DEPARTMENT OF STATE

FILED