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Account Number : I20180000033 Phone : (305)805-3516

Fax Number : (305)887-5844

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION LUBA TRUCKING CORP

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COVER LETTER

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Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
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FROM: LUIS BARDAICS Name (Printed or typed) 2720 NIA 11544 Mall					
Address ORCU Springs FL 33005 City, State & Zip					
Daytime Telephone number LUIS F CATAGES 55 @ GM aul. COn E-mail address: (to be used for future annual report notification)					

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

4200002358643

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: LUBA T	RUCKIN	16 CORP	
	ALOFFICE Incipal street address INSTA WAY ORINGS FL 3300 Ecorporation is organized is: Comporation is organized is:	372 COR W BUSII	ailing address, if different in the control of the	EWQU 51PL 330
ARTICLE IV SHARES The number of shares of store ARTICLE V INITIAL (Name and Title: Address	OFFICERS AND/OR DIRECTORS	Marbe and Pilie:	+	
Name and Title: Address				
		Name and Title:		

20, 03:43p		p.4
		00002358643
Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac Name: Address: Address: ORCUSPING:	ceptable) of the registered agent is: Ship Way Ship FL 33065	2020 . SALL
The name and address of the Incorporator is: Name: Address:	ales 5th Nay FL33225	FILED 2020 JUL 21 AM II: 29 SECRETARY OF DEATE ALLAHASSEE FLORIDA
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific filing.) Note: If the date inserted in this block does not meet the		
the document's effective date on the Department of Stat	e's records.	
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment Required Signature/Registered I submit this document and affirm that the facts stated document to the Department of State constitutes a third	at as registered agent and agree to uct in the distance of the	Date Date D
Required Signature/Incorporator	Dat	7/21/20