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: JORGE@TAX4TRUCKS.COM

FLORIDA PROFIT/NON PROFIT CORPORATION ROCHE TRUCK DETAILING INC

Certificate of Status	0
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2020 AUG -3 PM 2: 10

Electronic Filing Menu

Corporate Filing Menu

Help

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

TICLE II PRINCIPAL OFFICE Principal street address 65 NW 186 ST APT A202	Mailing address	Mailing address, if different is:	
ALEAH, FL 33015			
TICLE III PURPOSE c purpose for which the corporation is organized is: ANY AN	D ALL LAWFUL BUSINESS		
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		<u> </u>	
omicy Title CD ADEC			
RTICLE IV SHARES te number of shares of stock is: 100		w	
than bor or shad of side of si	•	·***	
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS		,	
		C.	
Name and Title: ROBERTO JULIO ROCHE, P	Name and Title:		
7405 ABAL 400 CT ADT A000			
111 /165 NOV 185 ST APT AZUZ	Address:		
Address 7165 NW 186 ST APT A202	Address:		
Address 7165 NW 186 ST APT AZUZ HIALEAH, FL 33015	Address:		
	Address:		
	Address:		
HIALEAH, FL 33015			
HIALEAH, FL 33015 Name and Title:	Name and Title:		
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Name and Title: Address Name and Title:	Name and Title: Address: Name and Title: Address:		

Name an	d Title:	Name and Title:	
Address	·	Address:	
			
ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptab	e) of the registered agent is:	
Name:	ROBERTO JULIO ROCHE	<u> </u>	
Address:	7165 NW 186 ST APT A202		
	HIALEAH, FL 33015		20
			** 1
ARTICLE VII	INCORPORATOR	•	. 1
The name and a	ddress of the Incorporator is:		C3
The <u>matter and a</u>	·		
Name:	ROBERTO JULIO ROCHE		20
Address:	7165 NW 186 ST APT A202		7
	HIALEAH, FL 33015		
Effective date, i	EFFECTIVE DATE: fother than the date of filing:	. (OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and o	annot be more than five days prior or 9	0 days after the
Note: If the dathe document's	te inserted in this block does not meet the applieffective date on the Department of State's rec	cable statutory filing requirements, this da ords.	te will not be listed as
Having been na certificate, I am	med as registered agent to accept service of pro familiar with and accept the appointment as re	cess for the above stated corporation at the gistered agent and agree to act in this cape	place designated in this acity
م			8/3/2020
	Required Signature/Registered Agen	.1	Date
I submit this document to the	ocument and affirm that the facts stated herei e Departm ent of S tate constitutes a third degree	n are true. I am aware that the false info felony as provided for in s.817.155, F.S.	rmation submitted in a
1	and the state of t		8/3/2020
Required Section	au er ricorporator	Date	