P 200000 68613

(Re	questor's Name)	·		
(Ad	dress)	<u></u>		
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)			
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				





100350496821

39/17/20 Hrs 20 No. 5 * 79,5

Dernick Thompson

7/31/2020

Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: LR CONTAINER TRANSPORT INC

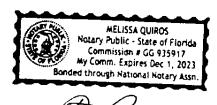
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

RICARDO AMOR



COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	1 R Container	- Transport Inc	A
	(PROPOSED CORPOR	ATÉ NAME ¹ MUST INCL	<u>ŪDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the a	rticles of incorporation and	d a check for:
	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRES		PY REQUIRED
FROM:		Ruiz ne (Printed or typed) S. W. 117 Ave Sc	ute 2010
	305-59	Y, State & Zip S-2407 Telephone number	
	Maria qui	ros C hot mail consed for future annual report i	notification)

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

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

ARTICLE I NAME The name of the corporation	on shall be: LR Contair	er Transport	Inc
ARTICLE II PRINCI			address, if different is:
17710 N.W. 6	1 Ave Apt 303	7750 5.0	2.117 Aze suit 2010
Halash Flo		Miam	Florida 33183
ARTICLE III PURPOS The purpose for which the	SE e corporation is organized is: any	and all legal	benbases.
			,
	Stock is: 100 E \$ 1,00 ER		·
Name and Title:	Ricardo Anni Pros.	Name and Title:	
	17710 N.W. 67 Are.	Address:	
	Apt 303 Hickah Floride 33615		
Name and Title:		Name and Title:	**************************************
Address			
-			
Name and Title:		Name and Title:	
		_	
,			

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:	
Name: Ricardo Amer		
Address: 17710 N. U. 67 A	he Apt 303	
Hialenh Florid	330S	
<u>ARTICLE VII INCORPORATOR</u>		
The <u>name and address</u> of the Incorporator is:		
Name: Ricard Amer	<u> </u>	
Address: 17710 PW.	67 Am Apt 303	
Hisland Fl	or, La 33015	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be s filing.)	B/30/2020 . (OPTION pecific and cannot be more than five da	NAL) ys prior or 90 days after the
Note: If the date inserted in this block does not me the document's effective date on the Department of		ments, this date will not be listed as
Having been named as registered agent to accept s certificate, I am familiar with and accept the appoi	ervice of process for the above stated corpoint intment as registered agent and agree to a	oration at the place designated in this ct in this capacity
x j. June		8/10/2020
Required Signature/Reg	istered Agent	Date
I submit this document and affirm that the facts document to the Department of State constitutes a	stated herein are true. I am aware that a third degree felony as provided for in s.81	the false information submitted in a 7.155, F.S.
* All		8/10/2020
Required Signature/Incorporator		Date

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