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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

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

Email Address: _____

2020 SEP 23 PM 3:06

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2020 SEP 23 PM 4:50

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FLORIDA PROFIT/NON PROFIT CORPORATION
TAM TRUCK CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
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COVER LETTER

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2020 SEP 23 PM 4:51

TALLAHASSEE, FL

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

SUBJECT: TAM TRUCK CORPORATION
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: RUSTAM BESPAYEV
Name (Printed or typed)

900 N FEDERAL HWY, STE 306
Address

HALLANDALE, FL 33009
City, State & Zip

(305)744-2149
Daytime Telephone number

TAM.TRUCK3@GMAIL.COM
E-mail address: (to be used for future annual report 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 shall be: TAM TRUCK CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

900 N FEDERAL HWY, STE 306

900 N FEDERAL HWY, STE 306

HALLANDALE, FL 33009

HALLANDALE, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RUSTAM BESPATEV Name and Title: _____

Address: 900 N FEDERAL HWY, STE 306 Address: _____
HALLANDALE, FL 33009

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: RUSTAM BESPAYEV
 Address: 900 N FEDERAL HWY, STE 306
HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: RUSTAM BESPAYEV
 Address: 900 N FEDERAL HWY, STE 306
HALLANDALE, FL 33009

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

Rustam Bespayev 09/23/2020
 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.

Rustam Bespayev 09/23/2020
 Required Signature/Incorporator Date