

9/23/2020

2020-09-23 21:07 GMT

18886536564 From: Veronica Ulloa

P20000074312

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

From:  
Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION  
Account Number : 120190000086  
Phone : (305)275-1300  
Fax Number : (888)653-6564

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

Email Address: info@ulloacompany.com

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**LC Drive Services Corp**

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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D. C. Ulloa

SEP 23 2020

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## 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: LC Drive Services Corp

### ARTICLE II PRINCIPAL OFFICE

Principal street address is: 15456 SW 48<sup>th</sup> Street, MIAMI, FL 33185

Mailing address, if different is:

### 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: Lorenzo Lorenzo Cabrera, President

Address: 15456 SW 48<sup>th</sup> Street, MIAMI, FL 33185

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

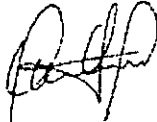
Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

## ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing:

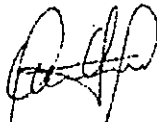
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

09/23/2020

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

09/23/2020

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TALLAHASSEE, FLORIDA