

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
 Account Number : 075350000353
 Phone : (800)221-2972
 Fax Number : (917)243-5843

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
A Woman's Company Trucking Corp.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

*John
10/12/20*

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: A Woman's Company Trucking Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

10840 NW 6th Street10840 NW 6th StreetPlantation, FL, 33324Plantation, FL, 33324**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

To engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARESThe number of shares of stock is: 200 NPV**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Patricia Verde, DirectorName and Title: Courtney Lipman, DirectorAddress: 10840 NW 6th StreetAddress: 100 Tall Oak Crescent,Plantation, FL, 33324Syosset, NY 11791

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
 2020 OCT -9 PM 4:39
 114 34 111 1 04 11

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Patricia Verde _____

Address: 10840 NW 6th Street _____

Plantation, FL, 33324 _____

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JAIL (ADAMS) 11-11-20

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Patricia Verde _____

Address: 10840 NW 6th Street _____


Plantation, FL, 33324 _____

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 business days prior or 90 business 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*

x  _____

Required Signature/Registered Agent

10/08/2020

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.

x  _____

Required Signature/Incorporator

10/08/2020

Date