

PRO0000758993

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H20000346127 3)))



H200003461273ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

**\*\*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  
VELAZCO TRANSPORTATION INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

J. FASON

OCT 13 2020

REC  
2020 OCT 12 PM 3:26

FILED  
2020 OCT 12 AM 9:26  
STATE

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Velazco Transportation Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1841 SW 152 CT. MIAMI FL  
33185**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**MARINE VELAZCO VIAMONTE  
(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:


MARINE VELAZCO Viamonte  
1841 SW 152 CT.  
MIAMI FL 33185**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MARINE VELAZCO Viamonte  
1841 SW 152 CT  
Miami FL 33185

2020 OCT 12 AM 9:26

FILED

**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent10-5-2020  
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.

  
\_\_\_\_\_  
Incorporator10-5-2020  
Date

FILED  
2020 OCT 12 AM 9:26  
CLERK OF STATE  
TALLAHASSEE, FL