10/20/2020



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VIDAL FINANCIAL, INC.

Account Number : I20190000097 Phone : (305)631-0331 Fax Number : (305)854-3131

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

Email Address: INFOCONTADURIAYIDAL, COLL

## FLORIDA PROFIT/NON PROFIT CORPORATION HLM TRUCKING CORPORATION

Certificate of Status	0
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2020 OCT 20 AM II: 05

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

The name of the corporat	ion shall be: HLM TRUC	KING CORP	NOTASO
	Principal street address 17 TER #3 33125	Mailing .	address, if different is:
ARTICLE III PURPO The purpose for which the	DSE be corporation is organized is: ANY	LAWFUL B	USINESS
ARTICLE IV SHARE The number of shares of	ES 100	# #	03643213
	I. OFFICERS AND/OR DIRECTORS		
Address	HENRY MORNES, P 2741 NW 17 TER #3		
	MIAMI FL 33125		
Name and Title:			
None and Willer		Name and Title	
Address			
			. <u> </u>

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 engistered agent is:			
	the registered agent is:			
Name: HENRY MORALES				
Address: 2741 NW 17 TER #3				
MIAMI PL 33125	2112717			
	H200003643213			
ARTICLE VII INCORPORATOR	1,0			
The name and address of the Incorporator is:				
Name: CONTAQUEIA VIDAL				
Address: 2000 S. DIXIE HIGHWAY =	±205			
MIAMI FL 33133				
<u> </u>				
ARTICLE VIII EFFECTIVE DATE:				
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot	(OPTIONAL) t 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	or the above stated corporation at the place designated in this			
certificate, I am familiar with and accept the appointment as registers	ed agent and agree to act in this capacity			
Hear Mar	10/20/2020			
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	, ,			
77				
Required Signature/Incorporation	-			