

11/3/2020

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

P20000085594

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.

((H20000381570 3)))



H200003815703ABC-

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
 Account Number : 07535000353
 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 F TRUCKING CORP

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

2020 NOV -3 PM 1:14

ORIGINAL
 COPIES

2020 NOV -3 PM 1:55

Electronic Filing Menu

Corporate Filing Menu

Help

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 F TRUCKING CORPARTICLE II PRINCIPAL OFFICEPrincipal street address1596 Oberry Hoover RdOrlando FL 32825

Mailing address, if different is:

1596 Oberry Hoover RdOrlando FL 32825ARTICLE III PURPOSEThe purpose for which the corporation is organized is: TRANSPORTATION

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

ARTICLE IV SHARESThe number of shares of stock is: 200 NPVARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Modesto A Luna Santos, Director

Address

1596 Oberry Hoover RdOrlando FL 32825

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

2020 Nov -3

PM

:55

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: Modesto A Luna Santos

Address: 1596 Oberry Hoover Rd

Orlando FL 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Modesto A Luna Santos

Address: 1596 Oberry Hoover Rd

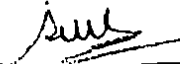
Orlando FL 32825

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*

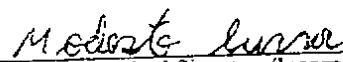
x 

Required Signature/Registered Agent

11.03.20

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

11.03.20

Date

2020 NOV -3 PM 1:55