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

From:
Account Name : L & R INTERNATIONAL FIRM INC
Account Number : I20200000026
Phone : (786)413-4344
Fax Number : (305)222-9004

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 GONZALEZ TRUCKING INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

COVER LETTER

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Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: A GONZALEZ TRUCKING INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: ANDRES PENA GONZALEZ

Name (Printed or typed)

7115 ROBINDALE RD

Address

TAMPA, FL 33619

City, State & Zip

(813) 410 - 7439

Daytime Telephone number

E-mail address: (to be used for future annual report notification)**NOTE: Please provide the original and one copy of the articles.**

2021 JAN 19 PM 7:00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: A GONZALEZ TRUCKING INC**ARTICLE II PRINCIPAL OFFICE**Principal street address7115 ROBINDALE RDTAMPA, FL 33619

Mailing address, if different is:

7115 ROBINDALE RDTAMPA, FL 33619**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANDRES PENA GONZALEZ / PRESIDENTAddress 7115 ROBINDALE RDTAMPA, FL 33619

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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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: ANDRES PENA GONZALEZ
Address: 7115 ROBINDALE RD
TAMPA, FL 33619

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ANDRES PENA GONZALEZ
Address: 7115 ROBINDALE RD
TAMPA, FL 33619

2021 Jan 19 PM 7:00

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 01 / 18 / 2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot 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 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

Andres Pena Gonzalez
Required Signature/Registered Agent

01 / 18 / 2021

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.

Andres Pena Gonzalez
Required Signature/Incorporator

01 / 18 / 2021

Date

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