

To:	Division of Co	roorations
		: (850)617-6381
From:		
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.
	Account Number	: I2000000019
	Phone	: (305)552-5973
	Fax Number	: (305)675-5944
≢ ≢Entor :	the email address	s for this business antitude he haved for former
ann	wal report maili	s for this business entity to be used for future ings. Enter only one email address please.**
Faia	il Address	

FLORIDA PROFIT/NON PROFIT CORPORATION

TURA CK TRUCK INC

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



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ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is: URO ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: ട്ട് 00 ARTICLE III SHARES: The number of shares of stock is: ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: anci 1000 INITIAL REGISTERED AGENT AND STREET ADDRESS: ARTICLE V The name and Florida street address (PO Box not acceptable) of the registered agent is: ()10 OCL ianli EB EB 3 δ <u>יייי</u> הוה ידו, AM 10: INCORPORATOR: The name and address of the Incorporator is: **ARTICLE VI** anec

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<u>Required Signatures:</u>

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

<u>02-15-202/</u> Date Registered Agent

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 9.817.155, F.S.

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02-15-2021 Date Incorporator

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