

P21000025081

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.

((H21000110503 3)))



H210001105033ABCN

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
LCD TRUCKING SERVICES INC.**

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

MAR 23 2021

T. SCOTT

RECEIVED
2021 MAR 22 PM 4:20
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

FILED
2021 MAR 22 AM 9:45
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

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

ARTICLE I NAME

The name of the corporation shall be: LCD TRUCKING SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

PRINCIPAL STREET ADDRESS:	MAILING ADDRESS, IF DIFFERENT IS:
<u>4700 N HIATUS RD STE @255</u>	
<u>SUNRISE FL 33351</u>	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR ANY AND ALL LAWFULL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100 AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and title: <u>LEONEL DIAZ CASTILLO (P)</u>	
Address: <u>12470 SW 189TH ST</u>	
<u>MIAMI, FL 33177</u>	

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name and title: <u>LEONEL DIAZ CASTILLO</u>	
Address: <u>12470 SW 189TH ST</u>	
<u>MIAMI, FL 33177</u>	

ARTICLE VII INCORPORATOR


The **name and address** of incorporator is:

Name and title: <u>LEONEL DIAZ CASTILLO</u>	
Address: <u>12470 SW 189TH ST</u>	
<u>MIAMI, FL 33177</u>	

FILED
2021 MAR 22 AM 9:45
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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

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.


Required Signature/Incorporator

AND REG AGENT SIGNATURE

03/18/21

Date