

4/14/2021

Division of Corporations.

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**P210003593**

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.

(((H21000148741 3)))



H210001487413ABC

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I2000000145
Phone : (305)444-4994
Fax Number : (305)444-4977

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
IMVERTRUCK CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

4/15/21
SA

2021 APR 14 PM 12:54

RECEIVED

CORPORATION
RECEIVED
DIVISION OF
CORPORATIONS

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: IMVERTRUCK CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1080 NW 11 ST STE 408MIAMI, FL 33136**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EDUARDO ASSAF GONZALEZ (P)

Name and Title: _____

Address 11110 W 55 CT

Address: _____

HALEAH, FL 33018Name and Title: IMBERBRAKE INC (VP)

Name and Title: _____

Address 10302 NW SOUTH RIVER DR

Address: _____

MEDLEY, FL 33178

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: EDUARDO ASSAF GONZALEZ

Address: 11110 W 55 CT

HIALEAH, FL 33018

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: EDUARDO ASSAF GONZALEZ

Address: 11110 W 55 CT

HIALEAH, FL 33018

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 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:

<u>/s/ Eduardo Assaf Gonzalez</u>	<u>4-13-2021</u>
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 as provided for in s.817.155, F.S.

<u>/s/ Eduardo Assaf Gonzalez</u>	<u>4-13-2021</u>
Required Signature/Incorporator	Date