

# P21000035024

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

From: Account Name : TAX 4 TRUCKS INC  
Account Number : I20190000100  
Phone : (305)764-3080  
Fax Number : (305)675-6155

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: JORGE@TAX4TRUCKS.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
FREEDOM EXPRESS TRUCKING INC**

Certificate of Status	0
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TALLAHASSEE, FL

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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 shall be: FREEDOM EXPRESS TRUCKING INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

13381 SW 283RD STHOMESTEAD, FL 33033**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: Rosario Castro Saud, P

Name and Title: \_\_\_\_\_

Address: 13381 SW 283RD ST

Address: \_\_\_\_\_

HOMESTEAD, FL 33033

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

2021 APR 19 AM 8:28  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 04-19-21 BY 60322 UCBAW

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: Rosario Castro Saud

Address: 13381 SW 283RD ST

HOMESTEAD, FL 33033

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Rosario Castro Saud

Address: 13381 SW 283RD ST

HOMESTEAD, FL 33033

**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>Rosario Castro Saud</u>	<u>4/19/2021</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>Rosario Castro Saud</u>	<u>4/19/2021</u>
Required Signature/Incorporator	Date

2021-APR-19 AM 8:28

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