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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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.\*\*

Ema1l	Address:	<b>.</b>	

## FLORIDA PROFIT/NON PROFIT CORPORATION H.P TRANSPORTATION CORP

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

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Help

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I	NAME:	The name of	the cor	poration	is:
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	The principal street address and activities to
23	The principal street address and mailing address is:
	Hialeah FL 33016
	1. wiedn 1 c ) 50/6
CLE III	SHARES: The number of shares of stock is:
A TOTAL	
ARTIC	LEIV INITIAL DIRECTORS AND/OR OFFICERS:
16	CO)
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<del></del>	
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~	lorida street address (PO Box not acceptable) of the registered agent i
Rica	rdo Cruz Carmona
231	00 W 34 St Svit 408
_ Hìa	Jeah F1 33016
·	
	INCORPORATOR: The name and address of the Incorporator is
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## Required Signatures:

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.