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**P2100040245**

Florida Department of State

Division of Corporations

Electronic Filing of Statements

Note: Please print this page and use it as a cover sheet for your audit report.  
 The following information is required for the filing of the report.

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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

## TRUEBA DETAILING CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILED  
 SECRETARY OF STATE  
 11/11/2021 1:40 PM

21 MAY -6 PM 1:07

2021 MAY -4 PM 12:25

**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: TRUEBA DETAILING CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

15740 SW 105TH CTMIAMI, FL 33157**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: HECTOR TRUEBA; PRESIDENT

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

Address 15740 SW 105TH CT

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

MIAMI, FL 33157

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: HECTOR TRUEBA  
Address: 15740 SW 105TH CT  
MIAMI, FL 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HECTOR TRUEBA  
Address: 15740 SW 105TH CT  
MIAMI, FL 33157

**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*

Hector Trueba 05/23/2021  
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.*

Hector Trueba 05/23/2021  
Required Signature/Incorporator Date