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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : S&S ACCOUNTING SERVICES, INC.

Account Number : I20190000091 Phone : (786)212-0491 Fax Number : (305)454-6657

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please. [7]

Email	Address:		



From:

FLORIDA PROFIT/NON PROFIT CORPORATION YDB TRUCKING, INC.

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

	poration shall be: YDB TRUCKING, II	VC	<u> </u>
28 SE 8TH TI	INCIPAL OFFICE Principal street address ERR FL 33990	Mailing	address, if different is:
TICLE III PU purpose for whi	RPOSE ch the corporation is organized is: ANY	AND ALL LAWFUL BU	SINESS
ICLE IV SHA	ADEC.		
number of shares	of stock is: 100		2021 SEC TA
	TAL OFFICERS AND/OR DIRECTORS itle: YOSISBELT DIAZ BECERRA	P Name and Title:	
Address	1930 CC OTLL TOPO	Address:	ASS T
	OM E CORAL, PE 33990		E. S. A. S. S. S. S. A. S.
Name and Tit	le:	Name and Title:	
Address			
Nume and Tit	le:	Name and Title:	
Address			

Name an	d Title:	Name and Title:_	
Address			
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	YOSISBELT DIAZ BECERRA		
Address:	1828 SE 8TH TERR		
	CAPE CORAL, FL 33990	•	
ARTICLE VII	INCORPORATOR		2021 JUN 24 AM 12: SECRETARY OF STA TALLAHASSEE, FI
The name and ad	dress of the Incorporator is:		LE JUN
Name:	S&S ACCOUNTING SERVICES, INC		24 VRY MAS
Address:	3383 NW 7 ST SUITE 304		SES A
	MIAMI, FL 33125		*12: 36 STATE E. FL
Effective date, if of	EFFECTIVE DATE: other than the date of filing: te is listed, the date must be specific and cannot	(OPTIONAL) be more than five days prior	
Note: If the date it the document's eff	inserted in this block does not meet the applicable s fective date on the Department of State's records.	tatutory filing requirements, th	is date will not be listed as
Having been name certificate, I am fa	ed as registered agent to accept service of process for miliar with and accept the appointment as registered	the above stated corporation a d agent and agree to act in this	I the place designated in this capacity
	Required Signature/Registered Agent		06/23/2021
I submit this docu document to the Do	ment and affirm that the facts stated herein are tr epartment of State constitutes a third degree felony of	ue. I am aware that the false as provided for in s.817.155, F	Date information submitted in a S
Required Signature	Ancorporato	Date -	06/23/2021