

P21000070487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

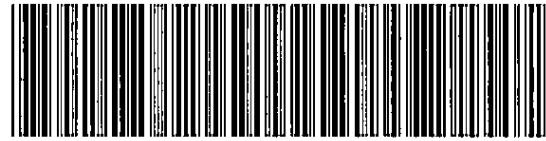
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100371027451

FILED

2021 AUG -5 AM 9:46

STATE OF FLORIDA  
TALLAHASSEE, FL

08/05/21--01007--020 \*\*70.00

RECEIVED

2021 AUG -5 AM 9:42

OFFICE OF THE CLERK  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT:   IDABE Trucking Corp.    
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00      \$78.75  
Filing Fee     Filing Fee  
                  & Certificate of Status

\$78.75                  \$87.50  
Filing Fee                 Filing Fee,  
& Certified Copy             Certified Copy  
   & Certificate of  
   Status

**ADDITIONAL COPY REQUIRED**

FROM:   Idalmis López Espronceda    
   (Name (Printed/or typed))

  10336 Mayan Dr.    
   Address

  Jacksonville, FL 32218    
   City, State & Zip

  ~~(222)~~ - 561-768-6788    
   Daytime Telephone number

  Idalmislopez2015@gmail.com    
   E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**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: IDA BE Trucking Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10336 Mayan Dr. Jacksonville, FL 32218      10336 Mayan Dr. Jacksonville, FL 32218

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Trucking / Transportation

2021 APR -5 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Idalmis Lopez Esprocedia - President      Name and Title: \_\_\_\_\_

Address: 10336 Mayan Dr.      Address: \_\_\_\_\_  
Jacksonville, FL 32218

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: Idalmis López Espronceda

Address: 10336 Mayan Dr.  
Jacksonville, FL 32218

FILED  
2021 AUG -5 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Idalmis López Espronceda

Address: 10336 Mayan Dr.  
Jacksonville, FL 32218

**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*

\_\_\_\_\_  
Required Signature/Registered Agent

8/2/2021  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

8/2/2021  
Date

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: Idalmis López Espronceda  
Address: 10336 Mayan Dr.  
Jacksonville, FL 32218

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Idalmis López Espronceda  
Address: 10336 Mayan Dr.  
Jacksonville, FL 32218

**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

[Signature]  
Required Signature: Registered Agent

8/2/2021  
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 §817.155, F.S.

[Signature]  
Required Signature: Incorporator

8/2/2021  
Date

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG -5 AM 9: 46

FILED