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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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
DISPATCH SERVICE USA INC**

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

SECRETARY OF STATE
TALLAHASSEE, FL.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DISPATCH SERVICE USA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address2613 15TH ST SWLEHIGH ACRES, FL 33976

Mailing address, if different is:

ARTICLE III PURPOSEThe 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: YENDRYS HERNANDEZ; PAddress 2613 15TH ST SWLEHIGH ACRES, FL 33976Name and Title: YURIKA SANTANA; VAddress: 2613 15TH ST SWLEHIGH ACRES, FL 33976

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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Address _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: YENDRYS HERNANDEZAddress: 2613 15TH ST SWLEHIGH ACRES, FL 33976**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: YENDRYS HERNANDEZAddress: 2613 15TH ST SWLEHIGH ACRES, FL 33976**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**YENDRYS HERNANDEZ*

Required Signature/Registered Agent

08/06/2021

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.**YENDRYS HERNANDEZ*

Required Signature/Incorporator

08/06/2021

Date

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