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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

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RECEIVED
TALLAHASSEE, FLORIDA

****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
EMILIO TRUCKING INC

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

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AUG 11 2021

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: EMILIO TRUCKING INC

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
9677 NW 52ND PL
CORAL SPRINGS, FL 33076

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:	John Michael Whittle, President	Name and Title:	
Address	9677 NW 52ND PL	Address:	
	CORAL SPRINGS, FL 33076		
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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: John Michael WhittleAddress: 9677 NW 52ND PLCORAL SPRINGS, FL 33076**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: John Michael WhittleAddress: 9677 NW 52ND PLCORAL SPRINGS, FL 33076**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*John Michael Whittle
Required Signature/Registered Agent8/10/2021

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.*John Michael Whittle
Required Signature/Incorporator8/10/2021

Date