

P21000104244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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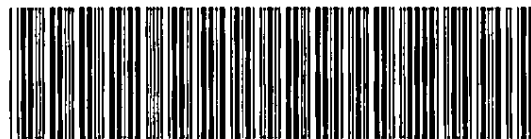
(Business Entity Name)

(Document Number)

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CLERK OF COURT
FALLS CHURCH, VA

C

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: Alpine Transport & Logistics, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3500 NW 67 STREET
MIAMI, FL 33147

Mailing address, if different is:
P.O. BOX 138746
HIALEAH, FL 33013

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OUR CORPORATION IS BEING ORGANIZED TO
PERFORM TOWING & STORAGE OF VEHICLES AND/OR VESSELS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LARRY SARAVIA, PRESIDENT Name and Title: _____

Address 3500 NW 67 STREET Address: _____
MIAMI, FL 33147

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: LARRY SARA VIA

Address: 3500 NW 67 STREET

MIAMI, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LARRY SARA VIA

Address: 3500 NW 67 STREET

MIAMI, FL 33147

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

12.10.2021

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.

Required Signature/Incorporator

12.10.2021

Date

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SECRETARY OF STATE