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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H210004637013)))



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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION L&A FREIGHT MOVERS INC

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H21000463701

ARTICLES OF INCORPORATION

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

The name of the corporation	on shall be: L&A FREIGHT MOVE	ERS INC	-
ARTICLE II PRINCI	PAL OFFICE Principal <u>street</u> address	Mailing address, if different is:	211
740 N LINDERO ST	· · · · · · · · · · · · · · · · · · ·		DEC DEC
CLEWISTON, FL 334	40		21
ARTICLE III PURPO. The purpose for which th	<u>SE</u> e corporation is organized is: <u>ANY</u> :	AND ALL LAWFUL BUSINESS	AH 9
·	 		2 5
v= u=+	<u> </u>	****	
	· · · · · · · · · · · · · · · · · · ·	 	
			.,
ARTICLE IV SHARE The number of shares of s ARTICLE V INITIAL	S tock is: 100 LOFFICERS AND/OR DIRECTOR	·	
Name and Title	LAURA FERNANDEZ; PRESID	ENT Name and Title:	
Address`	740 N LINDERO ST	Address:	
•	CLEWISTON, FL 33440		<u> </u>
Name and Title:		Name and Title:	<u> </u>
Address	· .	Address:	
Name and Title:		Name and Title:	<u>. </u>
Address		Address:	

H21000463701

Name a	nd Title:	Name and Title:		
Addres				
				
ARTICLE VI	REGISTERED AGENT	N.		
The name and I	lorida street address (P.O. Box NOT acceptab	le) of the registered agent is:		
Name:	LAURA FERNANDEZ			
Address:	740 N LINDERO ST	·		
	CLEWISTON, FL 33440			
<u>ARTICLE VII</u>	INCORPORATOR			
	ddress of the Incorporator is:			
Name:	LAURA FERNANDEZ			
Address:	740 N LINDERO ST			
	CLEWISTON, FL 33440			
Effective date, i	EFFECTIVE DATE: f other than the date of filing: 01/01 date is listed, the date must be specific and co	1/2022 (OPTIONAL) annot be more than five days prior or 90 days after the		
	e inserted in this block does not meet the applic effective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed as ords.		
	familiar with and accept the appointment as reg	ess for the above stated corporation at the place designated in this gistered agent and agree to act in this capacity		
	alla Here	12/21/2021		
/	Required Signature/Registered Agent			
	cument and affirm that the facts stated herein Department of State constitutes affiird degree;	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.		
Required Signat	Tulea Veluc	Date 12/21/2021		
/ / / / / / / / / / / / / / / / / / / /	F			