

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000016368 3)))



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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

2022 JAN 19 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*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  
META TRUCKING INC**

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

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2022 JAN 12 PM 3:16

**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: META TRUCKING INC**ARTICLE II PRINCIPAL OFFICE**Principal street address  
1027 CORAL CLUB DR  
CORAL SPRINGS, FL 33071Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**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: Patricia Guart Lindholm, President

Name and Title: \_\_\_\_\_

Address 1027 CORAL CLUB DR

Address: \_\_\_\_\_

CORAL SPRINGS, FL 33071  
\_\_\_\_\_  
\_\_\_\_\_

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: Patricia Gruart Lindholm, President  
 Address: 1027 CORAL CLUB DR  
CORAL SPRINGS, FL 33071

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

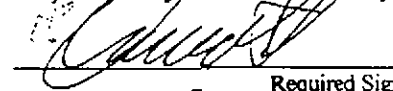
Name: Patricia Gruart Lindholm, President  
 Address: 1027 CORAL CLUB DR  
CORAL SPRINGS, FL 33071

**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 Date 1/12/2022

*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 Date 1/12/2022

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