



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : PEDRO LUZQUINOS  
Account Number : 120170000042  
Phone : (954) 655-8413  
Fax Number : (954) 432-8807

**\*\*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  
HALCON ROJO TRANSPORTATION INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

**T. SCOTT  
JAN 19 2022**

22 JAN 18 PM 12:43 2022 JAN 18 PM 12:14

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**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** HALCON ROJO TRANSPORTATION INC

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** GOMEZ CORREA, HOVER

Name (Printed or typed)

6900 SW 26TH ST

Address

MIRAMAR, FL 33023

City, State & Zip

(954) 274-7970

Daytime Telephone number

R\_RAULSLE@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

IIAI CON ROJO TRANSPORTATION INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6900 SW 26TH ST

MIRAMAR, FL 33023

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

100 SHARES

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GOMEZ CORREA, HOVER (P)

Name and Title:

Address

6900 SW 26TH ST

Address:

MIRAMAR, FL 33023

Name and Title: BEDOYA ARROYAVE, ESNEIDA (VP)

Name and Title:

Address

6900 SW 26TH ST

Address:

MIRAMAR, FL 33023

Name and Title:

Name and Title:

Address

Address:

22 JAN 18 PM 12:43  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11/11/11 BY 60322

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: GOMEZ CORREA, HOVER

Address: 6900 SW 26TH ST

MIRAMAR, FL 33023

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

Name: GOMEZ CORREA, HOVER

Address: 6900 SW 26TH ST

MIRAMAR, FL 33023

**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

01/14/2022

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

01/14/2022

Date