

1/22/22, 2:17 PM

Division of Corporations

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 : LVM ACCOUNTING SERVICES, INC.
Account Number : 120200000106
Phone : (561)927-7157
Fax Number : (305)912-0167

****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
TRIPLE SEVEN TRUCKING**

Certificate of Status	1
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Estimated Charge	\$78.75

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COVER LETTER

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

SUBJECT: TRIPLE SEVEN TRUCKING
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ANDREJS VLASOV
Name (Printed or typed)

5680 W ATLANTIC AVE, APT 204
Address

DELRAY BEACH, FL 33484
City, State & Zip

561-955-0290
Daytime Telephone number

VLASOVANDREW863@GMAIL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32304

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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 NAMEThe name of the corporation shall be TRIPLE SEVEN TRUCKING, INC**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5680 W ATLANTIC AVE, APT 204DELRAY BEACH, FL 33484

Mailing address, if different is:

5680 W ATLANTIC AVE, APT 204DELRAY BEACH, FL 33484**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

DELIVERY SERVICE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: President - Andrejs Vlasovs Name and Title: _____Address 5680 W ATLANTIC AVE, APT 204 Address: _____DELRAY BEACH, FL 33484

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FL 32399

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: Andrejs Vlasovs
Address: 5680 W ATLANTIC AVE, APT 204
DELRAY BEACH, FL 33484

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Andrejs Vlasovs
Address: 5680 W ATLANTIC AVE, APT 204
DELRAY BEACH, FL 33484

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 01/21/2022 (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.

Andrejs Vlasovs

Required Signature/Registered Agent

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.

Andrejs Vlasovs

Required Signature/Incorporator

01/21/2022

Date

01/21/2022

Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA