

P22000010931

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H22000056755 3))



H220000567553ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

****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
CORNUCOPIAN INVESTMENTS INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

22 FEB 14 AM 8:45
DIVISION OF CORPORATIONS
FEB 15 2022

H22000056755 3**ARTICLES OF INCORPORATION**

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

ARTICLE I NAMEThe name of the corporation shall be: CORNUCOPIAN INVESTMENTS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
6156 NW 74TH AVE

Mailing address, if different is:

MIAMI, FL 33166**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: LUIS SANCHEZ; PRESIDENTName and Title: JULIO GALVEZ; VICE PRESIDENTAddress 8242 NW 107TH CT, UNIT 8Address: 6156 NW 74TH AVEDORAL, FL 33178MIAMI, FL 33166

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

H22000056755 3

H22000056755 3

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: LUIS SANCHEZAddress: 8242 NW 107TH CT, UNIT 8DORAL, FL 33178**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LUIS SANCHEZAddress: 8242 NW 107TH CT, UNIT 8DORAL, FL 33178**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*Luis Sanchez

Required Signature/Registered Agent

02/11/2022

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.*Luis Sanchez

Required Signature/Incorporator

02/11/2022

Date

H22000056755 3