

5/18/2022 4:30 PM Division of Corporations
P22000037957
 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.

((H22000177147 3)))



H220001771473ABC+

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 : EXPRESS CORPORATE FILING SERVICE INC.
 Account Number : I20000000146
 Phone : (305)444-4994
 Fax Number : (305)328-4774

Yanet Avila
 5/19/22

****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
 TRUCKDRIBEARS INC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

RECEIVED
 2022 MAY 18 PM 1:15
 CORPORATIONS
 COMMERCIAL
 SERVICES

2022 MAY 18 PM 4:30

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TRUCKDRIBEARS INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address2263 NW 4th ST Apt L
MIAMI FL 33125

Mailing address, if different is:

2263 NW 4th ST Apt L
MIAMI FL 33125**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES AT \$1.00 PAR VALUE.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARILIS RUEBLAPENA Name and Title: _____

Address

(PRESIDENT)

Address: _____

2263 NW 4th ST Apt L
MIAMI FL 33125

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

2022 MAY 19 PM 4:30

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: MARILIS PUEBIA PENA
Address: 2203 NW 4th ST Apt L
MIAMI FL 33125

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MARILIS PUEBIA PENA
Address: 2203 NW 4th ST Apt L
MIAMI FL 33125

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 06/17/2022 (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


Required Signature/Registered Agent

5/17/2022
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

5/17/2022
Date

2022 MAY 18 PM 4:30