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Florida Department of State
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To:

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

From:

Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I2020000022
Phone : (305)298-6579
Fax Number : (305)643-5225

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: arimirservices@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
A & S TRUCKING SERVICES CORP**

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

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5/31/2022 9:56:47 AM PAGE 1/001

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May 31, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARIMIR SERVICES GROUP LLC

SUBJECT: A & S TRUCKING SERVICES CORP
REF: W22000070882

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Coates Brianna
Regulatory Specialists II
New Filings Section

FAX Aud. #: H22000188142
Letter Number: 422A00012175

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

ARTICLE I NAMEThe name of the corporation shall be: A & S TRUCKING SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address6265 W 6TH AVE
HIALEAH, FL 33012

Mailing address, if different is:

ARTICLE III PURPOSEThe 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: Miriela Lopez President

Name and Title: _____

Address 6265 W 6TH AVE

Address: _____

HIALEAH, FL 33012

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Miriela Lopez
Address: 6265 W 6TH AVE
HIALEAH, FL 33012

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Miriela Lopez
Address: 6265 W 6TH AVE
HIALEAH, FL 33012

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

Miriela Lopez
Required Signature Registered Agent

5/27/2022
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.

Miriela Lopez
Required Signature/Incorporator

5/27/2022
Date