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Division of Corporations

**P22000045048**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.  
Account Number : 120200000179  
Phone : (786)253-9951  
Fax Number : (305)397-1052

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

Email Address: WHOLETAX@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
DC TRUCKING SERVICES, INC**

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: DC TRUCKING SERVICES, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1553 SW 5TH ST APT 7MIAMI, FL 33135

Mailing address, if different is:

1553 SW 5TH ST APT 7MIAMI, FL 33135**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DAMIAN, CAPOTE TANO- P

Name and Title: \_\_\_\_\_

Address 1553 SW 5TH ST APT 7

Address: \_\_\_\_\_

MIAMI, FL 33135

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 AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: DAMIAN CAPOTE TANOAddress: 1553 SW 5TH ST APT 7MIAMI, FL 33135**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: DAMIAN CAPOTE TANOAddress: 1553 SW 5TH ST APT 7MIAMI, FL 33135**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 Agent06/07/2022\_\_\_\_\_  
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/Incorporator06/07/2022\_\_\_\_\_  
Date

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To:

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2022-06-07 19:48:33 GMT

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From: Whole Tax Professional Service Inc

850-617-6381

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June 7, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

WHOLE TAX PROFESSIONAL SERVICES, INC

SUBJECT: DC LOGISTICS, INC  
REF: W22000075217

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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