

**P22000048931**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H220002055143)))



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## To:

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

## From:

Account Name : ARIMIR SERVICES GROUP LLC  
Account Number : I20200000022  
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  
STAR WOLF TRUCKING CORP**

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

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850-617-6381 6/14/2022 4:14:50 PM PAGE 1/001 Fax Server



June 14, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ARIMIR SERVICES GROUP LLC

SUBJECT: STAR WOLF TRUCKING CORP  
REF: W22000080114

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 questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana  
Regulatory Specialist II

FAX Aud. #: H22000205514  
Letter Number: 722A00013313

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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: STAR WOLF TRUCKING CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6265 W 6TH AVE  
HIALEAH, FL 33012

Mailing address, if different is:

**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: Dagoberto Valdes Bacallao President

Address: 6265 W 6TH AVE  
HIALEAH, FL 33012

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: Dagoberto Valdes Bacallao  
Address: 6265 W 6TH AVE  
HIALEAH, FL 33012

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Dagoberto Valdes Bacallao  
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*

\_\_\_\_\_  
Required Signature/Registered Agent

6-13-22  
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

6-13-22  
Date

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