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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: diana@lamadridfinancial.com

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FLORIDA PROFIT/NON PROFIT CORPORATION CARGA EQUIPMENT CORP

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$78.75 |

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Corporate Filing Menu

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CARGA EQUIPMENT CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ALVARO LANDINEZ CORTES

Name (Printed or typed)

4421 NE 16TH AVENUE

Address

OAKLAND PARK, FL 33334

City, State & Zip

011-57-314-668-6235

Daytime Telephone number

gerente@cargapesadasoluciones.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: CARGA EQUIPMENT CORPARTICLE II PRINCIPAL OFFICEPrincipal street address4421 NE 16TH AVENUEOAKLAND PARK, FL 33334

Mailing address, if different is:

4421 NE 16TH AVENUEOAKLAND PARK, FL 33334ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ALVARO LANDINEZ CORTESAddress 4421 NE 16TH AVENUEOAKLAND PARK, FL 33334Name and Title: PRESIDENT

Address: _____

Name and Title: PAOLA LINARES BETINAddress 4421 NE 16TH AVENUEOAKLAND PARK, FL 33334Name and Title: VICE PRESIDENT

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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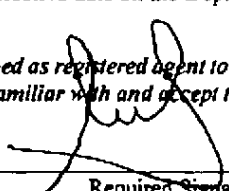
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: LAMADRID FINANCIAL SERVICES CORPAddress: 1265 S PINE ISLAND RD
PLANTATION, FL 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ALVARO LANDINEZ CORTESAddress: 4421 NE 16TH AVENUE
OAKLAND PARK, FL 33334**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 07/28/2022 (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 Agent07/28/2022
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.

ALVARO LANDINEZ CORTES
Required Signature/Incorporator07/28/2022
Date