

8/8/22, 2:49 PM

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

# P220000062324

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## To:

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

## From:

Account Name : ADRIAN TAX SERVICES INC.  
Account Number : I20220000042  
Phone : (786)370-2432  
Fax Number : (305)266-5758

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

Email Address: agosto2608@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
THE 4 LAMAS DELIVERY SERVICE INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ACTION  
COMMERCIAL  
SERVICES

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Electronic Filing Menu

Corporate Filing Menu

Help

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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:

THE 4 LAMAS DELIVERY SERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

318 SE 5TH PL

CAPE CORAL, FL 33990

Mailing address, if different is:

318 SE 5TH PL

CAPE CORAL, FL 33990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DELIVERY SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWARD LAMAS MORALES/P.S.T

Address

318 SE 5TH PL

CAPE CORAL, FL 33990

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: EDWARD LAMAS MORALES  
Address: 318 SE 5TH PL  
CAPE CORAL, FL 33990

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

Name: EDWARD LAMAS MORALES  
Address: 318 SE 5TH PL  
CAPE CORAL, FL 33990

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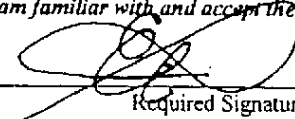
**ARTICLE VIII EFFECTIVE DATE:**

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

08/08/2022

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

08/08/2022

Date

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