Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000267654 3)))



H220002676543ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| т | ^ | • |
|---|---|---|
| | | |

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

| egail. | Address: | | | |
|------------------|----------|--|--|--|
| E c ail . | Address: | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION CHAVEZTRUCKSDELIVERIES CORP

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

Electronic Filing Menu

Corporate Filing Menu

He.p



ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

| Chaveztrucks&liveries Co | <u>972</u> |
|---|---------------------------------------|
| ARTICLE II PRINCIPAL OFFICE: | |
| The principal street address and mailing address is: | |
| 777 NW 72 AVE Ste 3069 Miami | FL: |
| 33126-3080 | |
| | |
| RTICLE III SHARES: The number of shares of stock is: | 100 |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFF | ICERS: |
| Editio chavez (P) | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | , |
| | |
| | |
| | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREE | TADDRESS: |
| he name and Florida street address (PO Box not acceptable) of the re | egistered agent i |
| edilio chavez | |
| 777 NW 32 AVE STE 3069 miam? FL= | 31616-3080 |
| | |
| | |
| | - - |
| ARTICLE VI INCORPORATOR: The name and address of the | e ruccaborator n |
| ARTICLE VI INCORPORATOR: The name and address of the | |
| RTICLE VI INCORPORATOR: The name and address of the Color of Chaves 777 NW 72 AVE STE 3069 Widnig St | |

Required Signatures:

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

Registered agent 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.

incorporator

Date

:1 WV 8-50