

P220000082071

Florida Department of State
Division of Corporations
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.

((H22000367014 3)))



H220003670143ABCZ

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

To:

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

From:

Account Name : TAX 4 TRUCKS INC
Account Number : I20190000100
Phone : (305)764-3080
Fax Number : (305)675-6155

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

Email Address: jorge@tax4trucks.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALBAKARA LOGISTICS INC**

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

2

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

ARTICLE I NAMEThe name of the corporation shall be: ALBAKARA LOGISTICS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address979 SW 10TH ST APT 6Miami, FL 33130

Mailing address, if different is:

ARTICLE III PURPOSEThe 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: LUIS J MARTINEZ FEEBLES: P

Name and Title: _____

Address 979 SW 10TH ST APT 6

Address: _____

Miami, FL 33130Name and Title: Roselena Giraldo Hernandez, VP

Name and Title: _____

Address 979 SW 10TH ST APT 6

Address: _____

Miami, FL 33130

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: LUIS J MARTINEZ FEEBLES
Address: 979 SW 10TH ST APT 6
Miami, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS J MARTINEZ FEEBLES
Address: 979 SW 10TH ST APT 6
Miami, FL 33130

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
10/27/2022
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
10/27/2022
Date