

# P22000090416

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 : PEDRO LUZQUINOS  
Account Number : I20170000042  
Phone : (954)655-8413  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: PLUZQUINOSF@HOTMAIL.COM

### FLORIDA PROFIT/NON PROFIT CORPORATION SOUTH FLORIDA DELIVERY TL INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2022-12-07 PM 12:12

2022-12-07 AM 9:35

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**COVER LETTER**

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

**SUBJECT:** SOUTH FLORIDA DELIVERY TL INC

**(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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

REC-11 11/30/22 11:53:55

**FROM:** BARAHONA, MILDRED

Name (Printed or typed)

13331 NW 1ST AVE

Address

MIAMI, FL 33168

City, State & Zip

(305) 224-2454

Daytime Telephone number

PLUZQUINOSF@HOTMAIL.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 NAME

The name of the corporation shall be: SOUTH FLORIDA DELIVERY TL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

13331 NW 1ST AVE

MIAMI, FL 33168

Mailing address, if different is:

13331 NW 1ST AVE

MIAMI, FL 33168

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 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARAHONA, MILDRED (P)

Address: 13331 NW 1ST AVE

MIAMI, FL 33168

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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2022-12-06 11:03:05

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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: BARAHONA, MILDRED

Address: 13331 NW 1ST AVE

MIAMI, FL 33168

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: BARAHONA, MILDRED

Address: 13331 NW 1ST AVE

MIAMI, FL 33168

**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:*

Mildred Barahona 12/07/2022

Required Signature/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.*

Mildred Barahona 12/07/2022

Required Signature/Incorporator Date

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