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Florida Department of State
Division of Corporations
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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: orge@tax4trucks.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
ANTONACCI CORP**

Certificate of Status	0
Certified Copy	0
Page Count	03
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2023 JAN 18 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be ANTONACCI CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
7635 NW 268TH TER
MIAMI LAKES, FL 33015Mailing address, if different is:

_____**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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Matheus Antonaci Moreira Dias: P

Name and Title: _____

Address: 7635 NW 268TH TER

Address: _____

MIAMI LAKES, FL 33015

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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, FRANK CUELLAR

Address, 7635 NW 268TH TER

MIAMI LAKES, FL 33015

ARTICLE VII INCORPORATORThe **name and address** of the incorporator is:

Name: FRANK CUELLAR

Address 7635 NW 268THY TER

MIAMI LAKES, FL 33015

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

<u>Frank Cuellar</u>	<u>1/18/2023</u>
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.

<u>Frank Cuellar</u>	<u>1/18/2023</u>
Required Signature/Incorporator	Date