

Division of Corporations

P23000015307

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 : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

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

Email Address: _____

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TALLAHASSEE, FL

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FLORIDA PROFIT/NON PROFIT CORPORATION TORRES INTREPID TRUCKING CORP

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2023

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TORRES INTREPID TRUCKING CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8036 NW 11TH AVEMIAMI, FL 33150**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: YOANYS TORRES-P

Name and Title: _____

Address 8036 NW 11TH AVE

Address: _____

MIAMI, FL 33150

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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 TALLAHASSEE, FL

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: YOANYS TORRESAddress: 8036 NW 11TH AVEMIAMI, FL 33150ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: YOANYS TORRESAddress: 8036 NW 11TH AVEMIAMI, FL 33150ARTICLE VIII EFFECTIVE DATE:

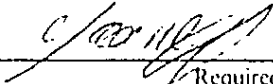
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

X

_____
Required Signature/Registered Agent02/23/2023_____
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.

X

_____
Required Signature/Incorporator02/23/2023_____
Date

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DEPARTMENT OF STATE