Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITAL PRO SERVICES, LLC

Account Number : I20220000008 Phone : (772)249-5273 Fax Number : (772)264-6100

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

Email Address: leonardomolina8000@gmail.com

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FLORIDA PROFIT/NON PROFIT CORPORATION

Leo Transport Solutions, Inc

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Corporate Filing Menu



2023-05-15 14:23:43 GMT

17722646100

From: Capital Pro Services

H23000179563

COVER LETTER

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

SUBJECT:	UBJECT: LEO TRANSPORT SOLUTIONS, INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCLI</u>	(IDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	i a check for:		
	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fec & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status		
FROM:	LEONAI	RDO ALVAREZ			
rkom	Name (Printed or typed)				
	565 V	V 43 PLACE			
·	Address				
		AH, FL 33012			
	City.	State & Zip	•		
		5.439.6640			
	Daytime Telephone number				
	leonardomol E-mail address: (to be use	ina8000@gmail.com d for future annual report	notification)		
·	NOTE: Please provide the o				

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2023-05-15 14:23:43 GMT

17722646100 From, Capital Pro Services

ARTICLES OF INCORPORATION

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

The name of the corporat	on shall be: LEO TRANSPO	ORT SOLUTIONS, INC	Water Carrier Carrier
<u>ARTICLE II PRINC</u>	<i>IPAL OFFICE</i> Principal <u>street</u> address	Mailing address.	
565 W 43 PLACE		565 W 43 PLACE	
HIALEAH, FL 33012	2	HIALEAH. FL 33012	
ARTICLE III PURPO The purpose for which the		NY AND ALL LAWFUL BUS	SINESS
ARTICLE V INITLA	ES stock is: 1 II. OFFICERS AND/OR DIRECTORS LEONARDO ALVAREZ, PRESIDEN		2023 MAY SECRETA
	565 W 43 PLACE		SSE SSE
Address	HIALEAH, FL 33012	Abaress.	\$ P II
Name and Title			· co
Address			
Name and Title		Name and Title:	
Address		Address:	

Page: 4 of 4

2023-05-15 14:23:43 GMT

17722646100 From: Capital Pro Services . H23000179567 タ

Name and T	`ide:	Name and Title:	
Address		Address:	<u></u> -
•			
(RTICLE VI - RE	GISTERED AGENT		
he <u>name and Flor</u>	ida street address (P.O. Box NOT acceptable) c	f the registered agent is:	
Name:	CAPITAL PRO SERVICES, LLC	_	
Address:	1972 SW CAMEO BLVD		
-	PORT ST LUCIE, FL 34953	·	
<u> RTICLE VII - IN</u>	SCORPORATOR		
	ress of the Incorporator is:		
Name:	LEONARDO ALVAREZ	_	
Address:	565 W 43 PLACE		
	HIALEAH, FL 33012	_	
Uffactive date if of	AFFECTIVE DATE: ther than the date of filing:	. (OPTIONAL)	e tha
If an effective dat filing.)	te is listed, the date must be specific and can	not be more than five days prior or 90 days after	rtne
Note: If the date it	nserted in this block does not meet the applicab ective date on the Department of State's record	le statutory filing requirements, this date will not b	e fisted as
Having been name certificate, I um fai	d as registered agent to accept service of process willian with and accept the appointment as regist	for the above stated corporation at the place design ered agent and agree to act in this capacity	iated in thi
(MA	05/15/2023	
	Required Signature/Registered Agent	Date	
I submit this docu document to the D	ment and affirm that the facts stated herein a epartment of State constitutes a third degree felo	re true. I am aware that the false information submy as provided for in s.817.155, F.S.	mitted in
Leant	ando Misser Liptora	.05/15/2023	
Required Signature	e/Incorporator	Date	