

P23000054244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

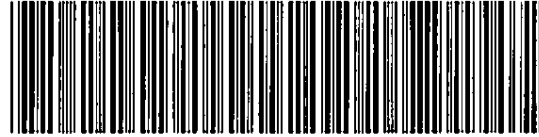
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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07/24/23--01003--001 **78.75



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PM 6:52

COVER LETTER

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

SUBJECT: Sotelo Logistic 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Tomas A Sotelo

Name (Printed or typed)

1609 Lakeview Ave.

Address

Seffner, FL 33584

City, State & Zip

813-595-1177

Daytime Telephone number

tsotelo5@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Sotelo Logistic Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1609 Lakeview Ave.

Seffner, FL 33584

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Trucking

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tomas A Sotelo President Name and Title:

Address 1609 Lakeview Ave. Address:

Seffner, FL 33584

Name and Title: Karla P Medina Vice President Name and Title:

Address 1609 Lakeview Ave. Address:

Seffner, FL 33584

Name and Title: Name and Title:

Address Address:

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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: Tomas A Sotelo

Address: 1609 Lakeview Ave.

Seffner, FL 33584

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tomas A Sotelo

Address: 1609 Lakeview Ave.

Seffner, FL 33584

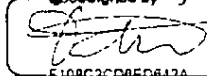
ARTICLE VIII EFFECTIVE DATE:

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

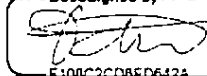

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Required Signature/Registered Agent

07/21/2023

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.


F10BC2CD85D642A

Required Signature/Incorporator

07/21/2023

Date

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