

8/17/23, 4:38 PM

**P2300016698**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000286588 3)))



H230002865883ABC9

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LVM ACCOUNTING SERVICES, INC.  
Account Number : 120200000106  
Phone : (561)927-7157  
Fax Number : (305)912-0167

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**STALWART LOGISTICS GROUP LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

RECEIVED

AUG 17 PM 4:38

S

Electronic Filing Menu

Corporate Filing Menu

Help

2023 AUG 17 AM 10:36  
SEC. OF STATE  
TALLAHASSEE, FL

2023 AUG 17 AM 10:36

FILED

## COVER LETTER

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

**SUBJECT:** STALWART LOGISTICS GROUP INC  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee
	& Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

**ADDITIONAL COPY REQUIRED**

FROM: RIHARDS LAURANS  
Name (Printed or typed)

7318 STELLA LN  
Address

LAKE WORTH, FL 33463  
City, State & Zip

561-888-9293  
Daytime Telephone number

rlauransdirect@gmail.com  
E-mail address: (to be used for future annual report notification)

**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 STALWART LOGISTICS GROUP INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7318 STELLA LN,  
LAKE WORTH, FL 33463

Mailing address, if different is:

7318 STELLA LN,  
LAKE WORTH, FL 33463

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TRUCKING SERVICE LONG DISTANCE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RIHARDS LAURANS - PRESIDENT

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

Address: 7318 STELLA LN

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

LAKE WORTH, FL 33463

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

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

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

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

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

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

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

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

**FILED**  
2023 AUG 17 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: RIHARDS LAURANS  
 Address: 7318 STELLA LN  
LAKE WORTH, FL 33463

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RIHARDS LAURANS  
 Address: 7318 STELLA LN  
LAKE WORTH, FL 33463

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/17/2023 (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*

*Richard* 08/17/2023  
 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.*

*Richard* 08/17/2023  
 Required Signature/Incorporator Date

FILED  
 2023 AUG 17 AM 10:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FL