

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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 LIMITED LIABILITY CO.
CHAMPION CAR CARRIERS INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FL

2023 OCT 19 PM 12:27

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EIN: 27-5255171

ARTICLE I NAME: The name of the corporation is:Champion Car Carriers Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

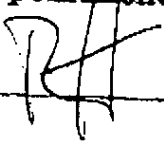
75 W 8 St. Apt 4
Hialeah 33010 FL**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ORLANDO Perez Gamboa (P)
RAMON Hernandez Perez (V)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Ramon Hernandez Perez
75 W 8 ST Apt 4
Hialeah FL 330102023 OCT 19 PM 12:27
CLERK OF STATE
TALLAHASSEE, FL**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Ramon Hernandez Perez
75 W 8 ST Apt 4
Hialeah FL 33010

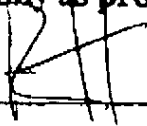
Required Signatures:

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 

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.

X 

Incorporator_____
Date

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SECRETARY OF STATE
TALLAHASSEE, FL