

Florida Department of State

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ALROD TRANSPORTATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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: ALROD TRANSPORTATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1850 SW 8th ST. STE 310
MIAMI, FL 33135

Mailing address, if different is:
1850 SW 8th ST. STE 310
MIAMI, FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RICARDO ALVAREZ RODRIGUEZ - P Name and Title:

Address 1850 SW 8th ST. STE 310 Address:

MIAMI, FL 33135

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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From: Yanet Avila

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: RICARDO ALVAREZ RODRIGUEZ
Address: 1850 SW 8th ST. STE 310
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RICARDO ALVAREZ RODRIGUEZ
Address: 1850 SW 8th ST. STE 310
MIAMI, FL 33135

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.

/s/ Ricardo Alvarez Rodriguez
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.

/s/ Ricardo Alvarez Rodriguez
Required Signature/Incorporator

Date

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STATE OF FLORIDA
DEPARTMENT OF STATE