

P24000067411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

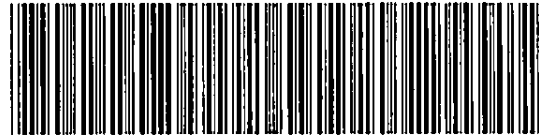
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TALLAHASSEE, FL

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**FILED**  
2024 OCT 31 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

1. ELEVATED TRUCK SOLUTIONS INC.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

SUBJECT: Elevated Truck Solutions 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

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TALLAHASSEE, FL

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FROM: \_\_\_\_\_  
Name (Printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

\_\_\_\_\_  
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: Elevated Truck Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

100 N. Federal Hwy, #521

Fort Lauderdale, FL 33301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful actor activity for which a corporation may be organized

the State of Florida.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000,000 shares of Common Stock, par value \$0.0001. The holders of the Common Stock have unlimited voting rights and are entitled to receive the net assets of the Corporation upon dissolution.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Alex A. Lopez, President, Treasurer</u>	Name and Title:	<u>Ricardo A. Rodriguez, Secretary &amp; Director</u>
Address	<u>100 N. Federal Hwy, #521</u>	Address:	<u>3227 Rocky Lane</u>
	<u>Fort Lauderdale, FL 33301</u>		<u>Ontario, CA 91761</u>
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

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 Registered Agent Solutions, Inc.  
Address 2894 Remington Green Ln., Suite A  
Tallahassee, FL 32308

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is

Name Michael E. Adler  
Address 21515 Hawthorne Blvd, Suite 450  
Torrance, CA 90503

**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*

 Samantha Niels, Assistant Secretary 10/30/2024  
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.*

 \_\_\_\_\_ 10/23/24  
Required Signature/Incorporator Date

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