

12/13/2024 9:46AM

Division of Corporations

No. 0374 P. 2

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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: info@lamadridfinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION
AGUIRRE'S RELIABLE TRANSPORTATION CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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2024 DEC 18 PM 12:24

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No. 0374 P. 1



December 13, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAMADRID FINANCIAL SERVICES CORP

SUBJECT: AGUIRRE'S RELIABLE TRANSPORTATION CORP
REF: W24000164114

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please complete Article(s) TITLE IS MISSING ON ARTICLE I.

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Frantz Clerjuste
Regulatory Specialist II
New Filings Section

FAX Aud. #: H24000409806
Letter Number: 524A00027129

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: AGUIRRE'S RELIABLE TRANSPORTATION CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address5701 SW 116TH PLACE RD
OCALA, FL 34476

Mailing address, if different is:

SAME AS PRINCIPAL**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL AND ANY LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DAVIL AGUIRRE - PRESIDENTAddress: 5701 SW 116TH PLACE RD
OCALA, FL 34476Name and Title: MARIBEL AGUIRRE - VPAddress: 5701 SW 116TH PLACE RD
OCALA, FL 34476

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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H240004098063

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: Lemadrid Financial Services Corp
Address: 10154 W FLAGLER STREET
MIAMI, FL 33174

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DAVIL AGUIRRE
Address: 5701 SW 116TH PLACE RD
OCALA, FL 34476

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CLERK OF THE COURT
H. J. BROWN

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

Required Signature/Registered Agent
12/12/2024
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.

Required Signature/Incorporator
12/12/2024
Date

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