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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:____

SECRE FARY OF STA

FLORIDA PROFIT/NON PROFIT CORPORATION MARTINEZ TRUCK SERVICE CORP

| Certificate of Status | 0 |
|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

| ARTIN | ARTINEZ TRUCK SERVICE CORP | | |
|--------|---|--|--|
| | ARTICLE II PRINCIPAL OFFICE: | | |
| | The principal street address and mailing address is: | | |
| | 2908 15TH ST W LEHIGH ACRES FL 33971 | | |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| ARTIC | CLE III SHARES: The number of shares of stock is: 100 | | |
| | ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | | |
| | elnier Alejandro Castro Martinez (P) | | |
| | | | |
| | | | |
| | ., . | | |
| | | | |
| | | | |
| | | | |
| ART | ICLEV INITIAL REGISTERED AGENT AND STREET ADDRESS: | | |
| The na | me and Florida street address (PO Box not acceptable) of the registered agent is: | | |
| | Leinier Alejandro Castro Martinez | | |
| _2 | 908 15th St W Lehigh Acres Fl 33971 | | |
| | | | |
| | | | |
| ARTI | CLE VI INCORPORATOR: The name and address of the Incorporator is: | | |
| | inias Alajanda Casta Madisaa | | |
| | inier Alejandro Castro Martinez | | |

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

| Rogistered Agent | 01/15/2025 |
|------------------|------------|
| 2 | iDate - |

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.

| <i>)</i> | |
|--------------|------------|
| - Lainipa | 01/15/2025 |
| Incorporator | Fiate |

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SECRETARY OF STATE TALLAHASSEE, FLORID