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cover sheet. To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : BOOKKEEPING DONE RIGHT INC Account Number : 12020000064 : (786)566-7826 Phone : (205)881-1104 Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Emmil Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION Latino & Agurcia Transportation Inc

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## HED

To:

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			6581 04		
ARTICLE I NAME				2821 SEP 27	AH 9: 0
The name of the corpora	tion shall be: Latino & Agurcia Transportation	on Inc		SEORETA?	COTA:
ARTICLE II PRINC	Principal street address		Mailing address, if different is:	- 1AH 1H2	SSEE, FL
855 NW 44th Ave Apt : Miemi FL 33126	25				
111111111111111111111111111111111111111		<del></del>		<del></del>	
				<del> </del>	
ARTICLE III PURPO					
t ne purpose tor which t	he corporation is organized is: any and all le	BWILL DUSINESS.	<del></del>	<del></del> -	
	· ·		···· ··· ··· ··· ··· ··· ··· ··· ··· ·		
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ADTICLE IV CDAD	FC				
ARTICLE IV SHAR. The number of shares of	stock is: 100				
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS				
Name and Title	:Latino Mario A President	Name and Title	: Agurcia, Ivethe X Vice Pre	sident	
Address	855 NW 44th Ave Apt 25	_ Address:	855 NW 44th Ave Apt 25		
	Mismi, FL 33126	_	Miami, FL 33126		
		•		<del></del>	
Name and Title		Name and Title	•		
			· · · · · · · · · · · · · · · · · · ·		
Address		_ Address:			
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Name and Title		Name and Title	<u>.</u>		
			*	<del></del>	
Address		_ Address:		<del></del>	

To:

Name an	d Title:	Name and Title:	
Address		Address:	·····
			<del></del>
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Mario A Latino		
Address:	855 NW 44th Ave Apt 25		2021
	Miami, FL 33126		3.478 3.478 3.478
ARTICLE VII	INCORPORATOR		. 73
The name and ad	tdress of the Incorporator is:		
Name:	Mario A Latino		TATE
Address:	855 NW 44th Ave Apt 25	-	•••
	Miami, FL 33126	_ <del></del>	
Effective date, if (If an effective difiling.)  Note: If the date	-	nnot be more than five days prior or 90 days after the ble statutory filing requirements, this date will not be	
Having been nam certificate, I am fa	ed as registered agent to accept service of proces unillar with and accept the appointment as regis	ss for the above stated corporation at the place designat stered agent and agree to act in this capacity	ted in this
Mario L			
	iment and affirm that the facts stated herein a epartment of State constitutes a third degree fel	tre true. I am aware that the faise information submi lony as provided for in s.817.155, F.S.	itted in a
Mario L Required Signatur	a.hrvo e/Incorporator	09/27/2021 Date	