

PA1000099285

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H210004303063ABCT

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

From: Account Name : TAX 4 TRUCKS INC
Account Number : I20190000100
Phone : (305)764-3080
Fax Number : (305)675-6155

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

Email Address: jorge@tax4trucks.com

FLORIDA PROFIT/NON PROFIT CORPORATION
C&S TRASCARGO INC

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

NOV 23 PM 12:54

2021 NOV 23 PM 12:54

** Attached Corrected **



November 23, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAX 4 TRUCKS INC

SUBJECT: C&S TRANSCARGO INC
REF: W21000151088

11

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FILED

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

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6052.

* Karen Lovelace*
Regulatory Specialist II
New Filing Section

FAX Aud. #: H21000430306
Letter Number: 221A00028333

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: C&S TRASCARGO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1370 NE 204 TER

MIAMI, FL 33179

ARTICLE III PURPOSE

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

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SERGE PIERRE: PRESIDENT Name and Title: _____

Address 1370 NE 204 TER Address: _____

MIAMI, FL 33179 _____

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: SERGE PIERRE
 Address: 1370 NE 204 TER
MIAMI, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SERGE PIERRE
 Address: 1370 NE 204 TER
MIAMI, FL 33179

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 2021

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

Serge Pierre _____ 11/22/2021
 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.

Serge Pierre _____ 11/22/2021
 Required Signature/Incorporator Date