

Florida Department of State  
 Division of Corporations  
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1.9.25

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

From: Account Name : GERALD WEINBERG, P.C.  
 Account Number : I20030000043  
 Phone : (800)342-9856  
 Fax Number : (800)354-3381

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

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
 SOUTHWEST TRUCKING INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED

2025 JAN -8 PM 12:46

STATE  
 TALLAHASSEE, FL

25 JAN -8 AM 12:36

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 TALLAHASSEE, FLORIDA

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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:

SOUTHWEST TRUCKING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3261 CARGO STREET

FORT MYERS, FLORIDA 33916

Mailing address, if different is:

3261 CARGO STREET

FORT MYERS, FLORIDA 33916

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIO MASTRONARDI

Address: DIRECTOR AND PRESIDENT

3261 CARGO STREET

FORT MYERS, FLORIDA 33916

Name and Title: ANTONIO MASTRONARDI

Address: DIRECTOR AND VICE PRESIDENT

67 PARKVIEW DRIVE

SEARINGTOWN, NY 11507

Name and Title: VINCENZO COSTANZA

Address: DIRECTOR AND TREASURER

157-28 20TH ROAD

WHITESTONE, NY 11357

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: MARIO MASTRONARDI  
 Address: 3261 CARGO STREET  
FORT MYERS, FLORIDA 33916

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAWRENCE KIRSCH  
 Address: 41 STATE STREET SUITE 700  
ALBANY, NY 12207

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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*

/s/ MARIO MASTRONARDI \_\_\_\_\_ 1/8/25  
 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.*

Lawrence A. Kirsch \_\_\_\_\_ 1/8/25  
 Required Signature/Incorporator Date

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