(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033 : (305)805-3516 Phone : (305)887-5844 Fax Number

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

FLORIDA PROFIT/NON PROFIT CORPORATION Y.C.S. TRUCKING EXPRESS INC

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\$70.00

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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Y.C.S. TRUCK	ING EXPRESS ENAME-MUST INCLU	INC IDE SUFFIX)			
Enclosed are an or	riginal and one (!) copy of the artic	les of incorporation and	a check for:	<del>_</del>		
X \$70.00 Filing Fcc		☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED			
· FROM: _	YUSEF M CESPEDES	(Printed or typed)				
	2508 SW 31ST LANE					
-	CAPE CORAL, FL 33914 City, State & Zip					,
_	305-481-7646 Daytime Te	lephone number			2021	
_	YUSEP68@YAHOO.  E-mail address: (to be used		otification)	ALL ARTAY ORE EXPLY	2021 AUG 17	ezerg eres eres eres z eres
	NOTE: Please provide the or	iginal and one copy of	the articles.	OF STATE	AM 6: 48	5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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

TCLE I NAME	tion shall be: Y.C.S. TRUCKI	<u>ng express inc</u>	<del></del>	
TICLE II PRIN	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if dif	fferent is:	
2508 SW 3	· <del></del>	2508 SW 31ST LANE		
CAPE CORA	AL, FL 33914	CAPE CORAL, FL 33914		
RTICLE III PURP	OSE the corporation is organized is:			
NY AND A	LL LAWFUL BUSINESS			
	· <u>-</u>			
RTICLE IV SHAR e number of shares of	ES Stock is: 100	<del></del>		
RTICLE V INITE  Name and Titl	stock is: 100  AL OFFICERS AND/OR DIRECTORS  e: YUSEF M CESPEDES, PRES  2508 SW 315T LANE			
RTICLE V INITE	stock is: 100  AL OFFICERS AND/OR DIRECTORS  e: YUSEF M CESPEDES, PRES  2508 SW 315T LANE	Name and Title:Address:		
RTICLE V INITE  Name and Titl	stock is: 100  AL OFFICERS AND/OR DIRECTORS  e: YUSEF M CESPEDES, PRES  2508 SW 31ST LANE		ŽOZI A SEÇR TAL	
RTICLE V INITA  Name and Titl  Address	stock is: 100  AL OFFICERS AND/OR DIRECTORS  e: YUSEF M CESPEDES, PRES  2508 SW 31ST LANE	Address:	ŽOZI AU SECRE TALL	
RTICLE V INITE  Name and Titl  Address	stock is: 100  AL OFFICERS AND/OR DIRECTORS  e: YUSEF M CESPEDES, PRES  2508 SW 31ST LANE  CAPE CORAL, FL 33914	Address:  Name and Title:	Ž02   AUG   17 SECRETIACI TALLAHAS	
Name and Title Address  Name and Title	stock is: 100  AL OFFICERS AND/OR DIRECTORS  E: YUSEF M CESPEDES, PRES  2508 SW 31ST LANE  CAPE CORAL, FL 33914	Address:	Ž02   AUG 17 AH SECRETARO CAS TALLAHASSES	
Name and Title  Name and Title	stock is: 100  AL OFFICERS AND/OR DIRECTORS  e: YUSEF M CESPEDES, PRES  2508 SW 31ST LANE  CAPE CORAL, FL 33914	Address:	2021 AUG 17 AH 6:4 SECRETARIA CE STAT TALLAMIA SSEE AL	
Name and Title  Name and Title  Address  Name and Title	stock is: 100  AL OFFICERS AND/OR DIRECTORS  e: YUSEF M CESPEDES, PRES  2508 SW 31ST LANE  CAPE CORAL, FL 33914	Address:	2021 AUS 17 AH 6:48 SECRETARIASSES TATE TALLAMIASSES A	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac Name:  Address: 2503 SW 3/st  COPE COTAL, F	Species S Lances 14
ARTICLE VII INCORPORATOR	
Name:  Address:  One Coval, F	espedes 1 33914
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific filing.)	and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the the document's effective date on the Department of State	e applicable statutory filing requirements, this date will not be listed as e's records.
Having been named as registered agent to accept service of certificate, I am familiar with and accept the appointment.  Required Signature/Registered	of process for the above stated corporation at the place designated in this at as registered agent and agree to act in this capacity  Agent  Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a third d	herein are true. I am aware that the false information submitted in a legree felony as provided for in s.817.155, F.S.
Réquired Signature/Incorporator	Date 08/17/2021
<u> </u>	SECRETARY OF TALLATIASSE