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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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ckh/m

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

From: Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : 120180000033
Phone : (305) 805-3516
Fax Number : (305) 887-5844

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

Email Address: klido1972@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
2 M R TRUCK INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLahassee, FL 32309

2021 OCT 21 PM 12:38

PM 12:38

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COVER LETTER

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

SUBJECT: 2 M R TRUCK INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: ELIDO RODRIGUEZ GIL ^{2 Last Names}
Name (Printed or typed)
750 NW 29TH AVE
Address
MIAMI, FL 33125
City, State & Zip
786-805-3658
Daytime Telephone number
ELIDO1972@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FL
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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: 2 M R TRUCK INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

750 NW 29TH AVE
MIAMI, FL 33125

Mailing address, if different is:

750 NW 29TH AVE
MIAMI, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELIDO RODRIGUEZ GIL, PRES Name and Title: _____

Address: 750 NW 29TH AVE Address: _____

MIAMI, FL 33125 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY'S OFFICE
TALLAHASSEE, FL

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PH 12:38

Name and Title: _____ Name and Title: #210003929343
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Elido Rodriguez Gil
 Address: 750 NW 29th Ave
Miami, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elido Rodriguez Gil
 Address: 750 NW 29th Ave
Miami, FL 33125

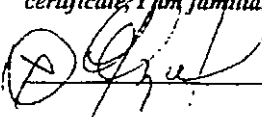
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-21-2021 (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.)

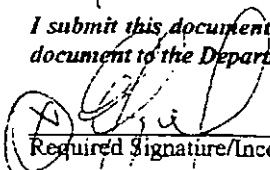
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


 Required Signature/Registered Agent

10-21-2021
 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.


 Required Signature/Incorporator

10-21-2021
 Date

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 TALLAHASSEE, FL
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