

2000000412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

K-UP

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MAIL

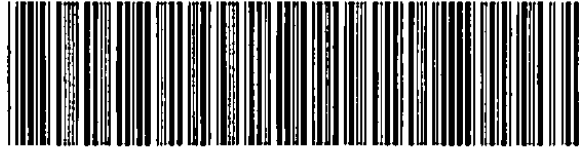
(Business Entity Name)

(Document Number)

Certificates of Status

Comments to Filing Officer:

Office Use Only



500338709945

01/06/2020--01023--017 **70.00

RECEIVED
TALAMASSEE, INC.

2020 JAN -6 P 10:52

FILED

JAN 24 2020

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

TOP TRUCKING SERVICES INC.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

Enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida,"
"Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the
above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
CHYREESE DUCTAN

Name of Person

Firm/Company
1123 CITRUS ISLE

Address
FT LAUDERDALE, FL 33315

City/State and Zip code
corpchyreese@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHYREESE DUCTAN 954 707-2611

_____ at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The enclosed is a check for the following amount:

70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN ACCORDANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
THE SECRETARY OF STATE BY A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**
BUCKING SERVICES INC.

Name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"CO.," "Corp.," "Inc.," "Co.," or "Corp.")

If unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
84-3911014

3. Country under the law of which it is incorporated) (FEI number, if applicable)
PERPETUAL

5. (Date of incorporation) (Date of duration, if other than perpetual)

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1123 CITRUS ISLE FT LAUDERDALE, FL 33315

(Principal office address)

(Current mailing address, if different)

Registered street address of Florida registered agent: (P.O. Box NOT acceptable)

CHYREESE DUCTAN

Name:

1123 CITRUS ISLE

Address:

FT LAUDERDALE

33315

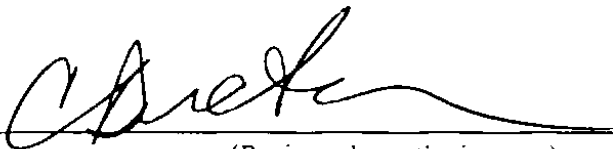
, Florida

(City)

(Zip code)

Registered agent's acceptance:

*I am named as registered agent and to accept service of process for the above stated corporation at the place
named in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
agree to comply with the provisions of all statutes relative to the proper and complete performance of my
duties and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

This is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Secretary of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction
of which it is incorporated.

FILED
2020 JAN - 6 PM 10:52
TALLAHASSEE, FLORIDA

and business addresses of officers and/or directors:

CTORS

an:

HYREESE DUCTAN

123 CITRUS ISLE FT LAUDERDALE, FL 33315

ERS

HYREESE DUCTAN

123 CITRUS ISLE FT LAUDERDALE, FL 33315

WILLIAM DUCTAN

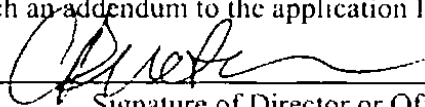
ll:

123 CITRUS ISLE FT LAUDERDALE, FL 33315

HYREESE DUCTAN

123 CITRUS ISLE FT LAUDERDALE, FL 33315

necessary, you may attach an addendum to the application listing additional officers and/or directors.



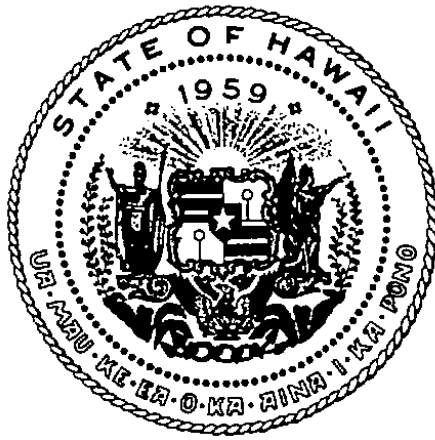
Signature of Director or Officer

r director signing this document (and who is listed in number 11 above) affirms that the facts stated herein
hat he or she is aware that false information submitted in a document to the Department of State constitutes
: felony as provided for in s.817.155, F.S.

CHYREESE DUCTAN

PRESIDENT

(Typed or printed name and capacity of person signing application)



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

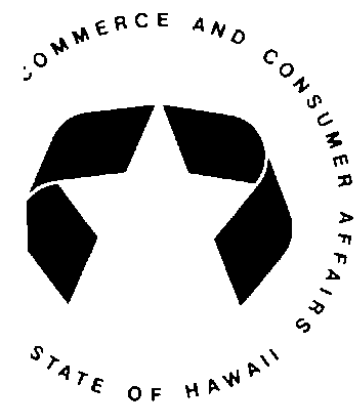
TOP TRUCKING SERVICES INC.

was incorporated under the laws of Hawaii on 09/08/2017 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: December 17, 2019

Director of Commerce and Consumer Affairs





STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

ARTICLES OF INCORPORATION

(Section 414-32, Hawaii Revised Statutes)

TYPE OR PRINT LEGIBLY IN BLACK INK

ersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute
Articles of Incorporation:

I

ie of the corporation shall be :

RUCKING SERVICES INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

ng address of the corporation's initial principal office is:

191ST ST # 25825, , MIAMI, FL 33179 USA

III

oration shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent
n individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of
Hawaii is:

HAWAII CORPORATE CENTER LLC

HAWAII

(Name of Registered Agent)

(State or Country)

he street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being
erved on or sent to the entity represented by it may be delivered to is:

1888 KALAKAUA AVE STE C312, HONOLULU, HI 96815 USA

IV

er of common shares all of the same class which the corporation shall have authority to issue is:

the name and address of each incorporator is:

382 NE 191ST STREET # 25825, MIAMI, FL 33179 USA

SEPTEMBER 2017

his _____ day of _____

(Type/Print Name of Incorporator)

(Signature of Incorporator)

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION
335 Merchant Street
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

ESTIC PROFIT CORPORATION ANNUAL REPORT AS OF July 1, 2019

ORATION NAME AND MAILING ADDRESS

OP TRUCKING SERVICES INC.
23 CITRUS ISLE
ORT LAUDERDALE FL 33315

pal Office Address

23 CITRUS ISLE
ORT LAUDERDALE FL 33315

THORIZED SHARES

CLASS	NUMBER
COMMON	200

TOTAL NUMBER OF SHARES ISSUED

CLASS	NUMBER
COMMON	200

re of Business

CK UP AND DELIVERY OF E COMMERCE GOODS

name of the registered agent and the registered agent's street address of the place of business in Hawaii of the
to which service of process and other notice and documents being served on or sent to the entity represented by it
delivered to.

WAI CORPORATE CENTER LLC
8 KALAKAUA AVE STE C312
NOLULU HI 96815

ll officers and directors.

Id	Full Name	Address
0	DUCTAN, CHYREESE	1123 CITRUS ISLE, FORT LAUDERDALE FL 33315
	DUCTAN, WILLIAM	123 CITRUS ISLE, FORT LAUDERDALE FL 33315

NO CHANGES

Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.

CERTIFICATION

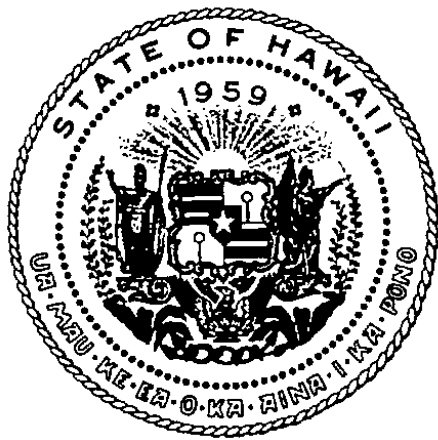
under the penalties of Section 414-20, Hawaii Revised Statutes, that I have read the above, the information is true and
nd I am authorized to sign this report.

er 16, 2019	CHYREESE DUCTAN	CHYREESE DUCTAN
Date	Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)	Print Name

282912 D1
013

2019 B17
B22
BSA





Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

TOP TRUCKING SERVICES INC.

was incorporated under the laws of Hawaii on 09/08/2017 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: December 17, 2019

Director of Commerce and Consumer Affairs

