

P/00000103926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 27 PM 2:55

4770000
AND
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COVER LETTER

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

SUBJECT: Three Brothers Trucking 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: Omara Martinez
Name (Printed or typed)

212 SW 81 Ave
Address

Miami FL 33144
City, State & Zip

(786) 447-2297
Daytime Telephone number

Omara Martinez@yahoo.com
E-mail address: (to be used for future annual report notification)

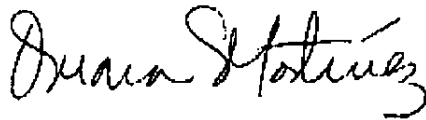
NOTE: Please provide the original and one copy of the articles.

December 29, 2010

ATTN : VAL

I Omara Martinez I had no intension to reinstate the corporation and I will like to release the name to file as a new corporation.

Sincerely,
Omara Martinez

A handwritten signature in cursive script, appearing to read "Omara Martinez". The signature is written in dark ink and is positioned below the typed name.

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: THREE BROTHERS TRUCKING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

212 SW 81 AVE
MIAMI FL 33144

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

EFFECTIVE DATE 1/1/2011

ARTICLE IV SHARES

The number of shares of stock is:

100

(President)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Omara Martinez
Address: 212 SW 81 AVE
MIAMI FL 33144

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Omara Martinez
Address: 212 SW 81 AVE
MIAMI FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Omara Martinez
Address: 212 SW 81 AVE
MIAMI FL 33144

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

Omara Martinez
Required Signature/Registered Agent

12/15/2010
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.

Omara Martinez
Required Signature/Incorporator

12/15/2010
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC 27 PM 2:56

FILED