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(Requ	estor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL '
(Busi	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ing Officer:	
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	Office Use On	ly



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COVER LETTER

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

SUBJECT: All Freight Trucking Corp				
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUD</u>	E SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a c	check for:		
\$70.00 \$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		
The work of the contract of th				
FROM: Juan Carlos Carbonell				
Name	(Printed or typed)			
7594 West 34th Lane	ddress			
Hialeah, Florida 33018	State & Zip			
786-255-0659 Daytime Te	elephone number			
MariamP7@aol.com E-mail address: (to be used	for future annual report noti	(fication)		

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

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

ARTICLE I The name of the co	NAME All Freight Trucking reporation shall be:	Corp		
ARTICLE II	PRINCIPAL OFFICE			
•	Principal street address		Mailing address, if differen	t is:
7	594 West 34th Lane			
Ŀ	lialeah, Florida 33018			
_				
ADGIGI D III	DIMBOGE			
ARTICLE III				75
	hich the corporation is organized is:		A STATE OF THE STA	339
ior transacting	g any and all lawful business		ALL LANGUAGES	APR
			754	
			العلامة العالمين المستورية العالمين المستورية	<u>ယ</u> ခု#်
			3,55	P
			The state of the s	
ARTICLE IV	SHARES		737 1984	Till
The number of shar	res of stock is:100			0
			Action	Oi
	INITIAL OFFICERS AND/OR DIRECT			
	tic:Juan Carlos Carbonell, Presider		Title:	
Address:	7594 West 34 Lane	Address:		
	Hialeah, Florida 33018			
Name and Ti	tle:Mariam A. Paez, Vice President	Name and 1	Title:	
Address:	7594 West 34 Lane	Address		
Address.	Hialeah, Florida 33018	Addicss.		
	Tilalean, Tonda 55016			
Name and Ti	tle:	Name and T	Title:	
Address:		Address:		
		.		
ADDICT D III	REGISTERED AGENT			
	rida street address (P.O. Box NOT acceptab	la) af tha ragistarad	agant is:	
Name:	Juan Carlos Carbonell		agent is:	
Address:	7594 West 34 Lane			
Addiess.	Hialeah, Florida 33018			
	Thalean, Florida Say is			
ARTICLE VII	<u>INCORPORATOR</u>			
The name and add	ress of the Incorporator is:			
Name:	Juan Carlos Carbonell			
Address:	7594 West 34 Lane			
	Hialeah, Florida 33018			
** * *				
	ed as registered agent to accept service of pr			
tnis certificate, i an	n Samiliar with and accept the appointment a	s registerea agent a	ana agree 10 act in inis capacity	<i>'</i>
(VXI).		ıLlı ı-	1/2
	100		4//0	1/2
	Required Signature/Registered Agent		Γ	Date
I cubuit this door	man Nord affirm that the Grate stated to anci-		wana that the folia informatio	u submitted in -
	ment and affirm that the facts stated hereive parament of State constitutes a third degree j			n suomutea in a
accument to the De	parageti of Same constitutes a intra degree)	ewny us provided)	ри и 8.01 /.133, Г.З.	I
	VX		(1.1	10/10
	Required Signature/Incorporator		<u> 7/ - </u>	Date
	A THE INCUMENTAL STREET AND A THEOREM TO THE			Date