

P17000026044

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000079452 3)))



H170000794523ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

17 MAR 22 AM 10:22
STATE OF FLORIDA
FALLS CHASSER FLORIDIA

REC-1

17 MAR 22 PM 4:31

STATE OF FLORIDA
DIVISION OF CORPORATIONS
COMMERCIAL
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
FONG TRUCKING INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

11 3/23/17

H17000079452

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

FONG TRUCKING INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1802S SW 174 ST
MIAMI FL 33187

DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

17 MAR 22 AM 10:22

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

JAVIER FONG (P)
JAVIER RAULOR FONG DE LOS REYES (VP)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Javier Fong
1802S SW 174 ST
Miami FL 33187

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

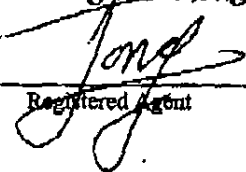
Javier Fong
1802S SW 174 ST
Miami FL 33187

H17000079452

H17000079452

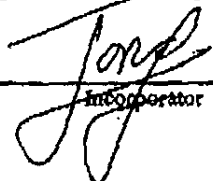
Required Signatures:

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



 Registered Agent 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.



 Incorporator Date

17 MAR 22 AM 10: 22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H17000079452