Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033 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.

FLORIDA PROFIT/NON PROFIT CORPORATION EL COYOTE TRANSPORT CORP

DE CORTE	
Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: EL COY	OTE TRANSPORT CORP (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)		
Enclosed are an orig	inal and one (I) copy of the artic	eles of incorporation and	a check for:		
■ \$70,00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status		
FROM:	DY RIVERO OSORIO Name V. 8TH STREET	(Printed or typed)			
	Address				
HIA	HIALEAH, FL 33010 City, State & Zip				
786-	290-1175	·			
[LET	Daytime To YANIRIJERO24@GMAIL.COM	lephone number			
	E-mail address: (to be used	for future annual report r	notification)		

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

(H180001268733)

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

RTICLE II PRIN W. 8TH STREET	CIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:		
MALEAN, FL 33010		HIALEA	H, FL 33010		
ANY ALL ALL LA	the corporation is organized is: WFUL BUSINESS"			18 AFR 23 AH 10-1	STAISION OF CORPORATION
	DIC.				
RTICLE IV SHA	RES 100 of stock is: TIAL OFFICERS AND/OR DIRECTORS		LIOSBEL RODRIGUEZ VA	\zQU	EZ,
RTICLE IV SHA	RES 100 of stock is:	Name and Title	LIOSBEL RODRIGUEZ VA	NZQU	<u>~</u>
RTICLE IV SHA he number of shares RTICLE V INT. Name and T	TAL OFFICERS AND/OR DIRECTORS THE EDDY RIVERO OSORIO; PRES. 59 W 8TH STREET HIALEAH, FL 33010	Name and Title Address:			
RTICLE IV SHA he number of shares RTICLE V INT Name and T Address	TAL OFFICERS AND/OR DIRECTORS EDDY RIVERO OSORIO, PRES 59 W 8TH STREET HIALEAH, FL 33010	Name and Title Address: Name and Title	59 W 8TH STREET HIGHEAH, FL 33010		
RTICLE IV SHA he number of shares RTICLE V INT Name and T Address	TAL OFFICERS AND/OR DIRECTORS ide: 59 W 8TH STREET HIALEAH, FL 33010	Name and Title Address: Name and Title	59 W 8TH STREET IDALEAH, FL 33010		
RTICLE IV SHA he number of shares RTICLE V ENT Name and T Address Name and T Address	TAL OFFICERS AND/OR DIRECTORS EDDY RIVERO OSORIO, PRES 59 W 8TH STREET HIALEAH, FL 33010	Name and Title Address: Name and Title Address: Address:	59 W 8TH STREET IDALEAH, FL 33010		

3058875844 p.4 (H(80001268733)

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI R	EGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	EDDY RIVERO OSORIO	_
Address:	59 W 8TH STREET	_
Yourez	HIALEAIL, FL 33CIO	<u> </u>
	INCORPORATOR	
The name and ac	Idress of the Incorporator is:	
Name:	EDDY RIVERO OSORIO	
Address:	59 W 81'H STREET	
	HIALEAH, FL 33010	_
Effective date, if (If an effective of fling.) Note: If the dat the document's	e inserted in this block does not meet the applicate of State is record	ole statutory filing requirements, this date will not be listed as
Having been no this certificate, f	med as registered agent to accept service of pro- oni familia) with and accept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
\otimes		<u>04/23/2018</u> Date
	Required Signature Registered Agent	are true. I am aware that the false information submitted in a
I submit this di document to the	Depayment of State constitutes a third degree for	lony as provided for in \$.817.155, F.S.
	St.	04/23/2018
Roq	uired Signature/Incorporator	Date