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.

(((H18000175067 3)))



H180001750673ABC2

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

Tc:

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 JDI TRUCK TRANSPORT INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

C RICO JUN 1 1 2018

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT:	OI TRU	CK TRANSPORT INC			
	-	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are at	n origi	nal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$ 70	.00	☐ \$78.75 Filing Fee	□ \$78.75 Filing Fee	☐ \$87.50 Filing Fee,	
		& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status	
			ADDITIONAL CO		18 JUN 11 PM 2: 26
					一 · · · · · · · · · · · · · · · · · · ·
FROM	. YAS	MANI GRANIA QUIJADA			3 € €
2 5.02.1		Name	(Printed or typed)		\(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac
	824 N	TW 32ND CT			26 Holli
		Α	Address		
	MLAN	ИL FL 33125			
City, State & Zip					
	786-7	40-2439			
	Daytime Telephone number YASMATHALI@GMAIL.COM				
		E-mail address: (to be used	for future annual report n	otification)	

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)

<u> ARTICLE II — Prij</u>	NCIPAL OFFICE			_	
ARTICLE II PRINCIPAL OFFICE Principal street address 824 NW 32ND CT		824 NV	Mailing address, if different is:		
MIAMI, FL 33125			. FL 33125		
ARTICLE III PURI The purpose for which	POSE the corporation is organized is:			~	
ANY AND ALL LAV	VFUL BUSINESS				Koscha ::
-				-	
				P M	SHOLLY ad gaich
·			Ţ.	<u>, , </u>	02.VI
			•	n .	5
					•
	AL OFFICERS AND/OR DIRECTORS				
Name and Titl		Name and Title	YASMANI GRANJA QUIJAD.	A, VI	,
Name and Titl Address			YASMANI GRANJA QUIJAD. 824 NW 32ND CT	A, Vī	•
	e: IRIS F. QUUADA LINARES, PRES 824 NW 32ND CT MIAMI. Fl. 33125	Address:		A, Vī	•
Address	e: IRIS F. QUUADA LINARES, PRES 824 NW 32ND CT MIAMI, FL 33125	Address:	824 NW 32ND CT MIAMI, FL 33125		_
Address	e: IRIS F. QUUADA LINARES, PRES 824 NW 32ND CT MIAMI. FL 33125	Address: Name and Title	824 NW 32ND CT MIAMI, FL 33125		_
Address Name and Title	e: IRIS F. QUUADA LINARES, PRES 824 NW 32ND CT MIAMI, FL 33125	Address: Name and Title	824 NW 32ND CT MIAMI, FL 33125		_
Address Name and Title	e: IRIS F. QUUADA LINARES, PRES 824 NW 32ND CT MIAM!. FL 33125	Address: Name and Title	824 NW 32ND CT MIAMI, FL 33125		_
Address Name and Title Address	e: IRIS F. QUUADA LINARES, PRES 824 NW 32ND CT MIAM!. FL 33125	Address: Name and Title Address:	824 NW 32ND CT MIAMI, FL 33125		
Address Name and Title Address	e: IRIS F. QUUADA LINARES, PRES 824 NW 32ND CT MIAMI, Fl. 33125	Address: Name and Title Address:	824 NW 32ND CT MIAMI, FL 33125		
Address Name and Title Address	e: IRIS F. QUUADA LINARES, PRES 824 NW 32ND CT MIAM!. FL 33125	Address: Name and Title Address:	824 NW 32ND CT MIAMI, FL 33125		

Name and Title:		Name and Title:	
Addres	.s	Address:	
			
	REGISTERED AGENT		
The name and I	lorida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	IRIS F QUIJADA LINARES		
Address:	824 NW 32ND CT		
	MIAMI, FL 33125	- 	
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	IRIS F QUIJADA LINARES		
Address:	824 NW 32ND CT		
	MIAMI, FL 33125		
Effective date, if (If an effective of filing.)		. (OPTIONAL) unnot be more than five days prior or 90 days after the	
Note: If the date the document's c	e inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed as rds.	
Having been nat this certificate, J	med as registered agent to accept service of pre am familiar with and accept the appointment a	ocess for the above stated corporation at the place designated in sregistered agent and agree to act in this cupacity	
0 1 WWW		06-11-2018	
<u> </u>	Required Signature/Registered Agent	Date	
I subfile this document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that the false information submitted in a elony as provided for in s.817.155, F.S.	
WILL MY	MX	06-11-2018	
Requires Signature/Incorporator		Date	