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Florida Department of State
Division of Corporations
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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.****

Email Address: Dioniscs@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
STATE ONE TRUCKING INC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JUL 23 AM 9: 06

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2018 JUL 23 PM 5:00
COMMERCIAL
REGISTRATION SERVICES

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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: STATE ONE 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: DIONIS A. CUELLAR
Name (Printed or typed)
15110 SW 306TH STREET
Address
HOMESTEAD, FL 33033
City, State & Zip
305-244-3445
Daytime Telephone number
DIONISCS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

(H180002123623)

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: STATE ONE TRUCKING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

15110 SW 306TH STREET

HOMESTEAD, FL 33033

Mailing address, if different is:

15110 SW 306TH STREET

HOMESTEAD, FL 33033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIONIS A CUELLAR, PRES

Name and Title:

Address: 15110 SW 306TH STREET

Address:

HOMESTEAD, FL 33033

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: DIONIS A CUELLAR
 Address: 15110 SW 306TH STREET
HOMESTEAD, FLORIDA 33033

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DIONIS A CUELLAR
 Address: 15110 SW 306TH STREET
HOMESTEAD, FLORIDA 33033

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07-23-18 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

(Signature) _____ 07-23-2018
 Required Signature/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.

(Signature) _____ 07-23-2018
 Required Signature/Incorporator Date