

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.

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·	To:	Division of Co Fax Number	orporations : (850)617-6381					
	From∶	Account Name Account Numbe Phone Fax Number	: THREE K FAST CARRIER r : 120180000033 : (305)805-3516 : (305)887-5844	SERVICES INC				
	ann	the email addre ual report mai nil Address:	ss for this business enti lings. Enter only one emai MONISCS (@ ()	ty to be used f il address pleas MAGILCAC	or future se.** DAA			
	FLORIDA PROFIT/NON PROFIT CORPORATION STATE ONE TRUCKING INC							
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COVER LETTER

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

STATE ONE TRUCKING INC SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

S70.00 Filing Fee

\$78.75
Filing Fee
& Certificate of Status

S78.75Filing Fee& Ccrtified Copy

Filing Fee, Certified Copy & Certificate of Status

□ \$87.50

ADDITIONAL COPY REQUIRED

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.

3058875844 p.3

	ARTICLES OF	(HISCOD2123 INCORPORATION
	In compliance with Chapter 60	07 and/or Chapter 621, F.S. (Profit)
TCLET NAM name of the corpor	E STATE ONE TRUCKII	
ICLE II PRIN	CIPAL OFFICE	— — — — — — — — — — — — — — — — — — —
<u>10 SW 306TH S</u>	Principal street address TREET	Mailing address, if different is:
MESTEAD, FL 3		15110 SW 306TH STREET HOMESTEAD, FL 33033
	<u> </u>	
ICLE III PURE	OSE the computation is organized in	
AND ALL LAW	FUL BUSINESS	
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umber of shares of <u>CLE V INITI</u> Name and Tit) Address	Fstock is: AL OFFICERS AND/OR DIRECTORS DIONIS A CUELLAR, PRES 15110 SW 306TH STREET HOMESTEAD, FL 33033	Name and Title: Address:
umber of shares of <u>CLE V INITI</u> Name and Tit) Address	Fstock is: AL OFFICERS AND/OR DIRECTORS DIONIS A CUELLAR, PRES 15110 SW 306TH STREET HOMESTEAD, FL 33033	Name and Title: Address:
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umber of shares of <u>CLE V INITI</u> Name and Titl Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS DIONIS A CUELLAR, PRES 15110 SW 306TH STREET HOMESTEAD, FL 33033	Name and Title:

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·	Name and	Title:	Name and Tit	le:	<u>_</u>	
	Address		Address:			
		<u>IEGISTERED AGENT</u> prida street address (P.O. Box NOT acceptable)	of the registered a	gent is:		
Nam	e:	DIONIS A CUELLAR		TAL SE	18	
Add:	ess:	15110 SW 306TH STREET				
		HOMESTEAD, FLORIDA 33033		TAR	۲ ۲ ۲	.'
ART		NCORPORATOR				
The g	ame and ad	dress of the incorporator is:				
Ni Ni	ane:	DIONIS A CUELLAR		Rib.	06	
	Address:	15110 SW 306TH STREET		1>	0.	S.
	iducij.	HOMESTEAD, FLORIDA 33033				-25
E:Tec (If ar filing <u>Note</u>	tive date, if (a effective date) (.) <u>:</u> If the date	<u>EFFECTIVE DATE:</u> other than the date of filing: <u>07-23-</u> ate is listed, the date must be specific and can inserted in this block does not meet the applicable feative date on the Department of State's record	not be more than le statutory filing	five days prior or 90 days af		
Havi	ng been nan	fective date on the Department of State's record and as registered agent to accept service of proce on Jamiliar with and accept the appointment as	ss for the above :	stated corporation at the place o nd agree to act in this capacity	designuted in	,
(\swarrow)	YA	Louisabur		07-23-2	018	. •
` 	·	Requiréd Signanure/Registered Agent	_	Date	;	•
		ument and affirm that the facts stated herein a Supertment of State constitutes a third degree for 1/2 17		or in s.817.155. F.S.		r
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	Requi	ed Signature/Incorporator		Da	le	