

Jul 23, 2018, 15:03

Three K Fast Carrier

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7/23/2018

Division of Corporations

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.

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FLORIDA PROFIT/NON PROFIT CORPORATION
DISPATCH 48 STATES INC

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

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COMMERCIAL SERVICES

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Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: DISPATCH 48 STATES 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: OMAR YON

Name (Printed or typed)

696 NW 127TH CT

Address

MIAMI, FL 33182

City, State & Zip

305-439-0772

Daytime Telephone number

ADCTRUCK@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME DISPATCH 48 STATES INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

696 NW 127TH CT

MIAMI, FL 33182

Mailing address, if different is:

696 NW 127TH CT

MIAMI, FL 33182

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CMAR YON, PRESIDENT

Name and Title: _____

Address

696 NW 127TH CT

Address: _____

MIAMI, FL 33182

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

FILED
CLERK OF DISTRICT COURT
JUL 26 AM 10:01
18

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: OMAR YON
Address: 696 NW 127TH CT
MIAMI, FL 33182

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: OMAR YON
Address: 696 NW 127TH CT
MIAMI, FL 33182

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7-23-2018

(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



Required Signature/Registered Agent

7-23-2018

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.



Required Signature/Incorporator

7-23-2018

Date