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.

(((H18000293262 3)))



H180002932523ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

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:

## FLORIDA PROFIT/NON PROFIT CORPORATION DIAZ TRANSPORTATION INC

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

RECRETARY DE STALE
ALLAHASSEE FLOSIDA

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 1 6 2018

T SCOTT

(H180002932623 **COVER LETTER** 

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

| SUBJECT: DIAZ II     | RANSPORTATION INC                            |                                       |  |  |
|----------------------|--|---------------------------------------|--|--|
|                      | (PROPOSED CORPORA                            | TE NAME – <u>MUST INCL</u>            | <u>ude suffix</u> )                    |  |
| Enclosed are an orig | ginal and one (1) copy of the art            | icles of incorporation and            | d a check for:                         |  |
| ■ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | Certified Copy & Certificate of Status |  |
|                      |  |                                       |  |  |
|                      | ANIEL DIAZ LEMUS                             |                                       |  |  |
|                      | Nam  | e (Printed or typed)                  |  |  |
| 256                  | 5 ROSEHAVEN RD                               |                                       |  |  |
| _                    |  | Address                               |  |  |
| W£                   | EST PALM BEACH, FL 33415                     |                                       |  |  |
|                      | City   | , State & Zip                         |  |  |
| 786                  | 5-419-9288                                   |                                       |  |  |
|                      | Daytime Telephone number                     |                                       |  |  |
| DA                   | NIEL1991CUBA@GMAIL.COM                       |                                       |  |  |
|                      | E-mail address: (to be us                    | ed 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)

| <u> TICLE II PRIM</u>  | NCIPAL OFFICE   | 8.4-200  |                       |
|--|---|--|-----------------------|
| Principal street address 565 ROSEHAVEN RD  |   | Mailing address, if different is: 2565 ROSEHAVEN RD  |                       |
| ST PALMBEACE   |   | WEST PALM BEAC                                       | CH, FL 33415          |
| TICLE III PUR  | POSE  the corporation is organized is:  |  |                       |
|  | WFUL BUSINESS   |  |                       |
| <u> </u>   |   |  |                       |
|  |   |  |                       |
|  |   |  |                       |
|  |   |  |                       |
|  |   |  |                       |
|  |   |  |                       |
| TICLE IV SHA   | RES 100   |  |                       |
| number of shares   | of stock is:  |  |                       |
| number of shares a   | of stock is:  |  |                       |
| number of shares a   | IAL OFFICERS AND/OR DIRECTORS IVANIEL DIAZ LEMUS, PRES 2565 ROSEHAVEN RD                              | Name and Title:                                      |                       |
| number of shares of shares of shares of shares of share and Ti   | IAL OFFICERS AND/OR DIRECTORS IVANIEL DIAZ LEMUS, PRES 2565 ROSEIJAVEN RD                             | Name and Title:Address:                              |                       |
| number of shares of shares of shares of shares of share and Ti   | IAL OFFICERS AND/OR DIRECTORS IVANIEL DIAZ LEMUS, PRES 2565 ROSEHAVEN RD                              | Name and Title:Address:                              |                       |
| number of shares of shares of shares of shares of share and Ti  Address  | IAL OFFICERS AND/OR DIRECTORS IVANIEL DIAZ LEMUS, PRES 2565 ROSEHAVEN RD                              | Name and Title:Address:                              |                       |
| number of shares of shares of shares of shares of share and Ti  Address  | IAL OFFICERS AND/OR DIRECTORS  IVANIEL DIAZ LEMUS, PRES  2565 ROSEHAVEN RD  WEST PALM BEACH, FL 33415 | Name and Title:Address:                              |                       |
| number of shares of shares of shares of share and Ti Address  Name and Tit share and T | IAL OFFICERS AND/OR DIRECTORS  IVANIEL DIAZ LEMUS, PRES  2565 ROSEHAVEN RD  WEST PALM BEACH, FL 33415 | Name and Title:  Address:  Name and Title:           | 2018<br>JAL           |
| number of shares of shares of shares of share and Ti Address  Name and Tit share and T | IAL OFFICERS AND/OR DIRECTORS  IVANIEL DIAZ LEMUS, PRES  2565 ROSEHAVEN RD  WEST PALM BEACH, FL 33415 | Name and Title:  Address:  Name and Title:           | 2019 OC 1<br>SEPRE AM |
| number of shares of shares of shares of shares and Ti Address  Name and Tit Address  | IAL OFFICERS AND/OR DIRECTORS  IVANIEL DIAZ LEMUS, PRES  2565 ROSEHAVEN RD  WEST PALM BEACH, FL 33415 | Name and Title:  Address:  Name and Title:  Address: | 2019 OCT 15           |
| number of shares of shares of shares of shares and Ti Address  Name and Tit Address  | IAL OFFICERS AND/OR DIRECTORS  IVANIEL DIAZ LEMUS, PRES  2565 ROSEHAVEN RD  WEST PALM BEACH, FL 33415 | Name and Title:  Address:  Name and Title:  Address: | 2019 OC 1<br>SEPRE AM |

Name and Title:

| Addres                            | SS  | Address:  |
|-----------------------------------|---|---|
|                                   |   |   |
|                                   |   |   |
| he name and                       | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of  | the registered agent is:  |
| Name:                             | IVANIEL DIAZ LEMUS  |   |
| Address:                          | 2565 ROSEHAVEN RD   |   |
| <del></del>                       | WEST PALM BEACH, FL 33415   |   |
| <u>(RTICLE VII</u>                | INCORPORATOR  |   |
| he name and                       | address of the Incorporator is:   |   |
| Niema                             | IVANIEL DIAZ LEMUS  |   |
| Address:                          | 2565 ROSEHAVEN RD   |   |
|                                   | WEST PALM BEACH, FL 33415   |   |
| Effective date                    | if other than the date of filing:  e date is listed, the date must be specific and cannot                       | (OPTIONAL)  t be more than five days prior or 90 days after the   |
| Note: If the dathe document's     | ate inserted in this block does not meet the applicable as effective date on the Department of State's records. | statutory filing requirements, this date will not be listed as  |
| Having been n<br>this conficient  | named as registered agent to accept service of process, the familiar with and accept the appointment as reg     | for the above stated corporation at the place designated in istered agent and agree to act in this capacity |
| >\\}                              | Ga /  | 10-09-2018  |
|                                   | Required Signature/Registered Agent   | Date  |
| l submit this d<br>document to th | locament and affirm that the facts stated herein are bepartment of State constitutes a third degree felon       | true. I am aware that the false information submitted in y as provided for in s.817.155, F.S.               |
|                                   | W/  | 10-09-2018  |
|                                   | quired Signature/Incorporator   | Date  |