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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: kusbelpalma@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
COCO TRUCKING CORP

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

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COVER LETTER

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

SUBJECT: COCO TRUCKING CORP
(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: ROSBEL PALMA
Name (Printed or typed)

10828 SW 72ND ST APT 202
Address

MIAMI, FL 33173
City, State & Zip

786-602-4134
Daytime Telephone number

ROSBELPALMA@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

The name of the corporation shall be: COCO TRUCKING CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
10828 SW 72ND STREET APT 202
MIAMI, FL 33173

Mailing address, if different is:
10828 SW 72ND STREET APT 202
MIAMI, FL 33173

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: ROSBEL PALMA, PRESIDENT Name and Title: _____
Address: 10828 SW 72ND STREET APT 202 Address: _____
MIAMI, FL 33173

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

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

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MID-FLORIDA DISTRICT CLERK
TALLAHASSEE, FLORIDA

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: ROSBEL PALMA
 Address: 10828 SW 72ND ST APT 202
MIAMI, FL 33173

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ROSBEL PALMA
 Address: 10828 SW 72ND ST APT 202
MIAMI, FL 33173

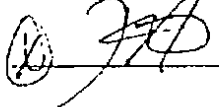
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/4/19 (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:

 _____ 1/4/19
 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.

 _____ 1/4/19
 Required Signature/Incorporator Date