

Jan 17 19, 02:34p

1/17/2019

P19000005740

Florida Department of State  
Division of Corporations  
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From: Account Name : THREE K FAST CARRIER SERVICES INC  
Account Number : 120180000033  
Phone : (305)805-3516  
Fax Number : (305)887-5844

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

OMGAR@Yahoo.COM  
OMGAR@Yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
D.A.G. TRUCK EXPRESS INC

Certificate of Status	0
Certified Copy	0
Page Count	04
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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:** DAG TRUCK EXPRESS 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:** OMAR GARCIA

Name (Printed or typed)

309 AVOCADO AVE

Address

MARATHON, FL 33050

City, State & Zip

305-942-1171

Daytime Telephone number

OMGAR@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: D.A.G. TRUCK EXPRESS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address  
309 AVOCADO AVEMARATHON, FL 33050

Mailing address, if different is:

309 AVOCADO AVEMARATHON, FL 33050**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: OMAR GARCIA, PRESIDENTAddress: 309 AVOCADO AVEMARATHON, FL 33050

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
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: OMAR Garcia  
Address: 309 Avocado Ave  
Marathon, FL 33050

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: OMAR Garcia  
Address: 309 Avocado Ave  
Marathon, FL 33050

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TALLAHASSEE, FLORIDA

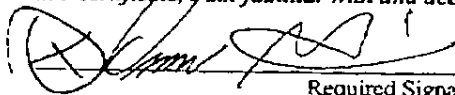
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1-17-19 (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.

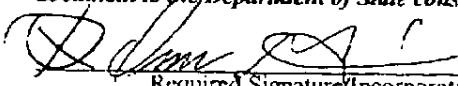
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

1-17-19  
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

1-17-19  
Date