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Account Name : TRAMILEX LLC Account Number : I20150000086

Phone : (786)469-9163 Fax Number : (305)848-3716

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION FC VIRGINIA TRUCKING INC

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COVER LETTER

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

SUBJECT: FC VE	RGINIA TRUCKING INC		
SCEJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	iginal and one (1) copy of the arti	cles of incorporation and	d 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
		ADDITIONAL CO	& Certificate of Status DPY REQUIRED
FROM:	Turisley Martinez Perez		
******	Name	(Printed or typed)	
10	0740 SW 87th Ave		
		Address	
N	1iami, Fl 33176		
_	City	State & Zip	
(3	305)772-3252		
	Daytime 1	Felephone number	
_	F-mail address: (to be use	15-6	- otification)
	P≂man address: ito De lise	ar ior manie aminum (CDOIL	INCUIDATION

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE I NAME he name of the corpora	tion shall be: FC VIRGINIA TRUCK	ING INC
RTICLE II PRINC		Mailing address, if different is: SAME ADRESS
iami, Fl 33176		
	OSE he corporation is organized is:	AND ALL LAWFUL BUSINESS
RTICLE V INITI	f stock is:	<u>RS</u>
Name and Tit	10740 SW 87th Ave	Name and Title: Address:
	Miami, Fl 33176	
Name and Title	*:	Name and Title:
Address		Address:
Name and Title	e:	Name and Title:
Address		Address:

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Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the registered egent is:
The name and F) Of the registered again is.
Name:	Yurisley Martinez Perez	<u> </u>
Address:	10740 SW 87th Ave	
	Miami, Fl 33176	<u> </u>
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Mamar	ERIK GONZALEZ	
Address:	8660 W FLAGLER ST STE 207	
	MJAMI, FL 33144	<u> </u>
Effective date, i (If an effective days after the f	filing.)	anot be more than five business days prior or 30 business
Note: If the dat the document's	te inserted in this block does not meet the applicate offective date on the Department of State's recor	able statutory filing requirements, this date will not be listed as rds.
Having been no this certificate,	amed as registered agent to accept service of pro I am familiar with and accept the appointment a	rcess for the above stated corporation at the place designated i s registered agent and agree to act in this capacity
	Vivialed Martine	02/28/2019
	Required Signature/Registered Agent	Date
I submit this do	ocument and affirm that the facts stated herein e Department of State constitutes a third degree f	are true. I am aware that the false information submitted in elony as provided for in s.817.155, F.S.
	11. 269	02/28/2019
Req	uired Signature/Incorporator	Date