

PI9000019303

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.****

Email Address: KJDTransportInc@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

KJD TRANSPORT INC

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

2019 MAR - 7 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAR 08 2019

COVER LETTER

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

SUBJECT: KJD TRANSPORT 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 & Certificate of
 Status Status
ADDITIONAL COPY REQUIRED

KEVIN JOSE GUILLEN
FROM: _____
Name (Printed or typed)

1045 CURTIS DR

Address

OPA LOCKA, FL 33054

City, State & Zip

786-366-9622

Daytime Telephone number

JKGTRANSPORTINC@GMAIL.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 KJD TRANSPORT INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
1045 CURTIS DR
OPA LOCKA, FL 33054
Mailing address, if different is:
1045 CURTIS DR
OPA LOCKA, FL 33054

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
ANY AND ALL LAWFUL BUSINESS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEVIN JOSE GUILLEN, PRES	Name and Title: JUAN GUILLEN, P.R.
Address: 1045 CURTIS DR	Address: 1045 CURTIS DR
OPA LOCKA, FL 33054	OPA LOCKA, FL 33054

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

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

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: Kevin J. Guillen
Address: 1045 Curtis Dr
Opa Locka, FL 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kevin J. Guillen
Address: 1045 Curtis Dr
Opa Locka, FL 33054

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3-7-19 (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.

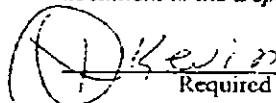
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 Kevin J. Guillen

Required Signature/Registered Agent

3-7-19
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.

 Kevin J. Guillen

Required Signature/Incorporator

3-7-19
Date