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(((H19000085566 3)))



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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. \*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION DLT HAULING CORP

Certificate of Status	0
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## COVER LETTER

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

SUBJECT: DLT HA	ULING CORP		
30D0ECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  DPY REQUIRED
FROM:	LOST Name YRON DE LA TORRE	e (Printed or typed)	
506	5 44TH ST NE	- (= or .g.pv )	
		Address	
NA.	PLES, FL 34120		
	City	, State & Zip	
786	<b>-479-77</b> 17		
	Daytime	l'elephone number	<del></del>
DA	YRON1990@YAHOO.COM		
	E-mail address: (to be use	ed for future annual report	notification)

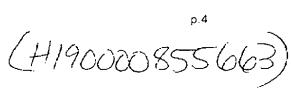
NOTE: Please provide the original and one copy of the articles.

(H190000855663)

## ARTICLES OF INCORPORATION

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

Principal <u>Street</u> address 65 44TH ST NE		Mailing address, if different is: 5065 44TH ST NE	
PLES, FL 34120		NAPLES, FL 34120	
ICLE III PUR purpose for whic	RPOSE th the corporation is organized is: WFUL BUSINESS		
TCLE V INT	ARES 100 of stock is:  TIAL OFFICERS AND/OR DIRECTORS		
number of shares	4RES 100 of stock is:	Name and Title:	
number of shares  ICLE V INT  Name and T	ARES of stock is:  FIAL OFFICERS AND/OR DIRECTORS Title:  DAYRON DE LA TORRE, PRESIDENT 5065 44TH STINE	Name and Title:	
number of shares  TELE V INT  Name and T  Address	ARES of stock is:  FIAL OFFICERS AND/OR DIRECTORS Tide: DAYRON DE LA TORRE, PRESIDENT 5065 44TH ST NE NAPLES, FL 34120	Name and Title:Address:	
number of shares  TELE V INT  Name and T  Address	ARES of stock is:  IIAL OFFICERS AND/OR DIRECTORS Title: DAYRON DE LA TORRE, PRESIDENT 5065 44TH ST NE NAPLES, FL 34120	Name and Title:Address:	
Name and Ti	ARES of stock is:  FIAL OFFICERS AND/OR DIRECTORS Tide: DAYRON DE LA TORRE, PRESIDENT 5065 44TH ST NE NAPLES, FL 34120	Name and Title:	
Name and T Address	ARES of stock is:  FIAL OFFICERS AND/OR DIRECTORS Tide: DAYRON DE LA TORRE, PRESIDENT 5065 44TH ST NE NAPLES, FL 34120	Name and Title:  Address:  Name and Title:  Address:	



Address		Address:				
			···			
		·				
	STERED AGENT street address (P.O. Box NOT acceptable) of	the registered agent is:				
Name:	ayron de La Torre.					
Address: 5	065 44th STNE	-				
1	Japles, FL 34120	-				
ARTICLE VII INCO	<u>RPORATOR</u>					
The name and address	of the Incorporator is:					
Name:	Dayron De La lorr	C				
Address:	5065 44mSTNR	-				
•	Naples FL 34121					
ARTICLE VIII - FFF	FCTIVE DATE:	. 6				
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: 3-13-19 (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.)	······································		·			
	ted in this block does not meet the applicable the date on the Department of State's records.	statutory filing requirements, t	his date will not be listed as			
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, f am familiar with and accept the appointment as registered agent and agree to act in this capacity						
~ d			3-13-19			
<del></del>	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.						
+d			3-13-19			
Required Si	gnature/Incorporator		Date			

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