

# P190000071200

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: Dayron1990@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
DLT HAULING CORP**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

(H190000855663)

**COVER LETTER**

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

**SUBJECT:** DLT HAULING 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 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: DAYRON DE LA TORRE <sup>Last Name</sup>  
Name (Printed or typed)  
5065 44TH ST NE  
Address  
NAPLES, FL 34120  
City, State & Zip  
786-479-7717  
Daytime Telephone number  
DAYRON1990@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

**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)

**ARTICLE I NAME**

The name of the corporation shall be: DLT HAULING CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5065 44TH ST NE  
NAPLES, FL 34120

Mailing address, if different is:

5065 44TH ST NE  
NAPLES, FL 34120

**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: DAYRON DE LA TORRE, PRESIDENT Name and Title: \_\_\_\_\_

Address: 5065 44TH ST NE Address: \_\_\_\_\_  
NAPLES, FL 34120

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

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

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

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

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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: DAYRON De La Torre  
Address: 5065 44<sup>th</sup> ST NE  
Naples, FL 34120

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: DAYRON De La Torre  
Address: 5065 44<sup>th</sup> ST NE  
Naples, FL 34120

**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.)

**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:*

[Signature] 3-13-19  
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.*

[Signature] 3-13-19  
Required Signature/Incorporator Date