

# P19000036774

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC  
Account Number : 120170000039  
Phone : (407)301-2659  
Fax Number : (407)846-0320

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

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

## FLORIDA PROFIT/NON PROFIT CORPORATION KING OF KINGS TRUCKING INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

Help

2019 MAY -3 PM 9:59

2019 MAY -3 AM 9:59

## COVER LETTER

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

SUBJECT: KING OF KINGS TRUCKING 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: DAMARIS RODRIGUEZ

Name (Printed or typed)

1116 PINE WOOD AVE

Address

LAKELAND FL 33815

City, State & Zip

407-301-2659

Daytime Telephone number

BRENDA.MAS@AOL.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** KING OF KINGS TRUCKING INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1116 PINE WOOD AVE

LAKE LAND FL 33815

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ALL LAWFULL ACTS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DAMARIS RODRIGUEZ - PRESIDENT

Address

116 PINE WOOD AVE

LAKE LAND FL 33815

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

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

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

Address

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

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

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

Address

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

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

2019 MAY -3 AM 9:59

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: DAMARIS RODRIGUEZ

Address: 1116 PINE WOOD AVE

LAKELAND FL 33815

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

Name: DAMARIS RODRIGUEZ

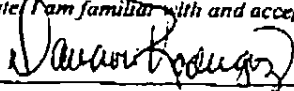
Address: 1116 PINE WOOD AVE

LAKELAND FL 33815

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 05/02/2019 (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.)

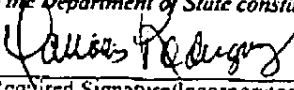
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

05/02/2019

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

05/02/2019

Date