

Jun 05 10:43 AM

6/5/2019

P190000046549

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: ONYPULLES1986@gmail.com

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DIVISION OF CORPORATIONS  
19 JUN -6 PM 12:56

2019 JUN -6 AM 9:02

FLORIDA PROFIT/NON PROFIT CORPORATION  
LEJ TRUCKING CORP

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

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JUN 06 2019

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

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

**SUBJECT:** LEJ TRUCKING 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      ☐ \$78.75  
 Filing Fee      Filing Fee  
                          & Certificate of Status

☐ \$78.75      ☐ \$87.50  
 Filing Fee      Filing Fee,  
 & Certified Copy      Certified Copy  
                          & Certificate of  
                          Status

**ADDITIONAL COPY REQUIRED**

FROM: ONANEY PULLES / YORJAN PEREZ VALDES <sup>Last Name</sup>  
President <sup>VP.</sup>  
 Name (Printed or typed)  
 2080 GREENVIEW SHORE BLVD APT 413  
 Address  
 WELLINGTON, FL 33415  
 City, State & Zip  
 786-583-4993  
 Daytime Telephone number  
 ONYPULLES1986@GMAIL.COM  
 E-mail address: (to be used for future annual report notification)

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**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**

LEJ TRUCKING CORP

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**Principal street address

2080 GREENVIEW SHORES BLVD APT 413

WELLINGTON, FL 33415

Mailing address, if different is:

2080 GREENVIEW SHORES BLVD APT 413

WELLINGTON, FL 33415

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: ONANEY PULLES, PRESIDENT

Address: 2080 GREENVIEW SHORES BLVD #413  
WELLINGTON, FL 33415

Name and Title: YORJAN PEREZ VALDES, VP

Address: 2080 GREENVIEW SHORES BLVD #413  
WELLINGTON, FL 33415

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

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

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

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

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

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

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

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

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
19 JUN -5 PM 12:56

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: ONANEY PULLES

Address: 2080 GREENVIEW SHORES BLVD #413

WELLINGTON, FL 33415

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

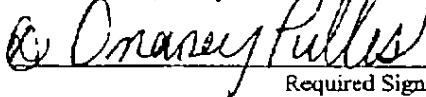
Name: ONANEY PULLES

Address: 2080 GREENVIEW SHORES BLVD #413

WELLINGTON, FL 33415

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 6-5-19. (OPTIONAL)

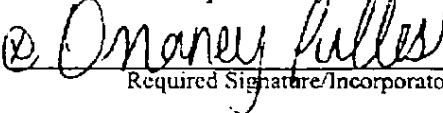
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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.*

Required Signature/Registered Agent

6-5-19

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 §817.155, F.S.*

Required Signature/Incorporator

6-5-19

Date