

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: keiner2016@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
LARA R TRUCK INC**

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

2019 Jul 29 AM 11:28

Florida Department of State

2019 Jul 29 AM 10:52

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: LARA R TRUCK 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: REINIER LARA LOPEZ
Name (Printed or typed)

25 W 30TH ST APT 1
Address

HIALEAH, FL 33012
City, State & Zip

786-296-7941
Daytime Telephone number

REINIER2016@YAHOO.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 LARA R TRUCK INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
25 W 30TH ST APT 1
HIALEAH, FL 33012

Mailing address, if different is:
25 W 30TH ST APT 1
HIALEAH, FL 33012

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: REINIER LARA LOPEZ, PRES
Address: 25 W 30TH ST APT 1
HIALEAH, FL 33012

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

2019 JUL 29 AM 10:53

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: REINIER LARA LOPEZ

Address: 25 W 30TH ST APT 1
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: REINIER LARA LOPEZ


Address: 25 W 30TH ST APT 1
HIALEAH, FL 33012

ARTICLE VIII EFFECTIVE DATE:


Effective date, if other than the date of filing: 7-29-2019 (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

 _____ 7-29-2019
 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.

 _____ 7-29-2019
 Required Signature/Incorporator Date