Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : THREE X FAST CARRIER SERVICES INC

Account Number : 12018000033 Phone

: (305)805-3516

Fax Number

: (305)887-5844

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FLORIDA PROFIT/NON PROFIT CORPORATION JORGE LOPEZ TRUCKING INC

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COVER LETTER

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

SUBJECT: JORGE	LOPEZ TRUCKING INC		
	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	final and one (I) copy of the ar		
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ S78.75 Filing Fee & Certified Copy	S87.50 Filing Fce, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	GE L. LOPEZ	: (Printed or typed)	
2905	PIERCE STREET APT 14		
	,	\ddress	
HOLI	LYWOOD, FL 33020		
	City,	State & Zip	
954-2	43-286?		
	Daytime Te	lephone number	
JORG 	ELOPEZ12382@YAHOO.COM		
	E-mail address: (to be used	for future annual report no	tification)

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)

CLE II PI	RINCIPAL OFFICE	
PIERCE STR	Principal street address	Mailing address, if different is
LYWOOD, F	······································	2905 PIERCE STREET
		HOLLYWOOD, FL 33020
ICLE III PU	IRPOSE ich the corporation is organized is:	
AND ALL L	AWFUL BUSINESS	
· · · · · · · · · · · · · · · · · · ·		
		
ICIFIV SH	APEC	
ICLE IV SHE	ARES 100 s of stock is:	
CLE V INI	s of stock is: TOO TIAL OFFICERS AND/OR DIRECTORS	
CLE V INI Name and 1	TIAL OFFICERS AND/OR DIRECTORS Citle: JORGE L. LOPEZ, PRESIDENT 2905 PIERCE STREET APT 14	Name and Title:
CLE V INI	TIAL OFFICERS AND/OR DIRECTORS Citle: JORGE L. LOPEZ, PRESIDENT 2905 PIERCE STREET APT 14	Name and Title:Address:
CLE V INI Name and 1	TIAL OFFICERS AND/OR DIRECTORS Title: JORGE L. LOPEZ, PRESIDENT 2905 PIERCE STREET APT 14	
CLE V INI Name and 1 Address	TIAL OFFICERS AND/OR DIRECTORS Citle: JORGE L. LOPEZ, PRESIDENT 2905 PIERCE STREET APT 14 HOLLYWOOD, FL 33020	Address:
CLE V INI Name and 1 Address	TIAL OFFICERS AND/OR DIRECTORS Citle: JORGE L. LOPEZ, PRESIDENT 2905 PIERCE STREET APT 14 HOLLYWOOD, FL 33020	
CLE V INI Name and 1 Address	TIAL OFFICERS AND/OR DIRECTORS Citle: JORGE L. LOPEZ, PRESIDENT 2905 PIERCE STREET APT 14 HOLLYWOOD, FL 33020	Address: Name and Title:
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: JORGE L. LOPEZ, PRESIDENT 2905 PIERCE STREET APT 14 HOLLYWOOD, FL 33020	Address: Name and Title: Address;
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: JORGE L. LOPEZ, PRESIDENT 2905 PIERCE STREET APT 14 HOLLYWOOD, FL 33020	Address: Name and Title: Address;
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: JORGE L. LOPEZ, PRESIDENT 2905 PIERCE STREET APT 14 HOLLYWOOD, FL 33020	Address: Name and Title: Address:
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: JORGE L. LOPEZ, PRESIDENT 2905 PIERCE STREET APT 14 HOLLYWOOD, FL 33020	Address: Name and Title: Address: Name and Title:
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: JORGE L. LOPEZ, PRESIDENT 2905 PIERCE STREET APT 14 HOLLYWOOD, FL 33020	Address: Name and Title: Address: Name and Title:

Name and	d Tide:Na	me and Title:		
Address		ddress:		
ARTICLE VI R	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable) of the	registered agent is:		
Name:	2005 Deven Stand	i/1		
Address:	1 ALL CONTROL OF THE PARTY	22		
	HOHYLLOSU	20		
ARTICLE VII I	NCORPORATOR			
The name and add	dress of the Incorporator is:			
Name:	DOMEL LOPEZ			
Address:	2905 Pierce St	17+14		
	Halluman Fr 230	7.1 7.1		
ARTICLE VIII E	EFFECTIVE DATE:	2/0		
Effective date, if other than the date of filing: (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 in	nserted in this block does not meet the applicable statute			
the document's effe	ective date on the Department of State's records.	ory rosing requirements, this date will not be listed as		
Having been name	ed as registered agent to accept service of process for the	te above stated comparation as the effect of		
this certificate, 1 m	n familiar with and accept the appointment as registered	d agent and agree to act in this capacity		
(Ju	l. /	_ 9//2/19		
J. Saubminoti.	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 \$.817.155, F.S.				
·	6.4	alistia		
Rejuired	d Signature/Incorporator	Date		