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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 : (305)805-3516 Fax Number : (305)887-5844

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## FLORIDA PROFIT/NON PROFIT CORPORATION CABRERA USA CORP

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SUBJECT: CABE	RERA USA CORP		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the ar	ticles of incorporation and	i a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM: _	Last Name IVIEN CABRERA LOPEZ Name	(Printed or typed)	
55	65 W 14TH CT		
н	ALEAH, FL 33012	Address	
	City,	State & Zip	
78	6-449-4595		
<del></del>	Daytime T	elephone number	
CA	ABRERAVIVIEN@GMAIL.COM		
<del></del>	E-mail address: (to be used	for future annual report p	otification)

NOTE: Please provide the original and one copy of the articles.

## (H190003200493)

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II PRINCIPAL OFFICE			
Principal <u>street</u> address 565 W 14TH CT	Mailing 2 5565 W 14TH CT	Mailing address, if different is:	
TALEAH. FL 33012	HIALEAH, FL 33		
		-	
RTICLE III PURPOSE  the purpose for which the corporation is organized is:			
NY AND ALL LAWFUL BUSINESS			
		<u></u>	
		≥s <b>;</b>	
		- LYSELL - YVELL - YVE	
RTICLE IV SHARES 100 ne number of shares of stock is:		FILED 129 PM TANY OF NASSEE, F	
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS		: 4  	
	Name and Title:	<u> </u>	
	Address:		
HIALEAH, FL 33012			
Name and Title:	Name and Title:		
Address	Address:		
Name and Title:	Name and Title:		
Address			

P.4 (H190003200443,

Name and Title:	Name and Title:				
Address	Address:				
The name and Florida street address (P.O. Box NOT acceptable) or					
Name: VIVIEN Cabrera Lopez	t the registered agent is:				
Hialeah FL 33012	-				
ARTICLE VII INCORPORATOR	) ALL	19 0			
The name and address of the Incorporator is:	A A A A A A A A A A A A A A A A A A A	in A			
Name: VIVIEN Cabrera Lope	CZ S	29 E			
Address: <u>5565</u> W 14th (4	j.r				
Hialeah.FL 33012					
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot filing.)	(OPTIONAL) be more than five days prior or 90	days after the			
Note: If the date inserted in this block does not meet the applicable s the document's effective date on the Department of State's records.	tatutory filing requirements, this date	will not be listed as			
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					
	10	-28-19			
Required Signature/Registered Agent	<u></u>	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 2817.155, F.S.					
	10-	28-19			
Bequired Signature/Incorporator	10_	Date			