

PI9000082636

Florida Department of State
Division of Corporations
Section of Filings & Records

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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: LeandroFernandezL2001@gmail.com

SECRETARY OF STATE
TALLAHASSEE FLORIDA
11/07/19 - 5:43:58

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
L TRUCK CORP**

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COVER LETTER

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

SUBJECT: L TRUCK 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: LEANDRO FERNANDEZ LORENZO

Name (Printed or typed)

18021 NW 44TH AVE

Address

MIAMI GARDENS, FL 33055

City, State & Zip

813-364-9222

Daytime Telephone number

LEANDROFERNANDEZL2001@GMAIL.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 NAMEThe name of the corporation shall be: L TRUCKS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address18021 NW 44TH AVEMIAMI GARDENS, FL 33055

Mailing address, if different is:

18021 NW 44TH AVEMIAMI GARDENS, FL 33055**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LEANDRO FERNANDEZ LORENZO, PAddress 18021 NW 44TH AVEMIAMI GARDENS, FL 33055

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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: Leandro Fernandez Lorenzo
Address: 18021 NW 44th Ave
Miami Gardens, FL 33055**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Leandro Fernandez Lorenzo
Address: 18021 NW 44th Ave
Miami Gardens, FL 33055**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 11-4-19 (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*X: 

Required Signature/Registered Agent

11-4-19

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 s.817.155, F.S.*X: 

Required Signature/Incorporator

11-4-19

Date