Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000345209 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033 Phone

: (305)895-3516 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.

## FLORIDA PROFIT/NON PROFIT CORPORATION FA TRUCKING SVCS CORP

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

**1000 27 1000** 

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

(H19000345209:

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

SUBJECT:	FA TRUCKING SVCS CORP					
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:			
XI \$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 REQUIRE				
	st name- Juan M. Last Name 89 50th ST SW	Name- Nunez Al (Printed or typed)	pella			
	A	ddress				
NA	PLES, FL 34116	· ·				
	City, S	State & Zip	<del></del>			
78	6-333-8923					
	Daytime Te	lephone number				
Mi	GUELABELLA68@GM	AIL.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)

	INCIPAL OFFICE			
	Principal street address	Mailing address,	if different is:	
989 50TH ST SW APLES, FL 34116		<u>1989 50TH ST SV</u>	<u>1989 50TH ST SW</u>	
<u> </u>	110	NAPLES, FL 3411	6	
ICLE III PU	RPOSE			
шгроse for whi	ch the corporation is organized is: _A	NY AND ALL LAWFUL BUSINES	s	
<del></del>				
<del></del>				
			<del></del> -	
<del></del>				
<del></del>				
TIE I/ Dan	of stock is: 100			
	TIAL OFFICERS AND/OR DIRECTO	<u>DRS</u>		
	TIAL OFFICERS AND/OR DIRECTO	PRES Name and Title:		
	TIAL OFFICERS AND/OR DIRECTO	PRES Name and Title:		
Name and T	TIAL OFFICERS AND/OR DIRECTO itle: JUAN M. NUNEZ ABELLA 1989 50TH ST SW	PRES Name and Title:Address:		
Name and T	TIAL OFFICERS AND/OR DIRECTO	PRES Name and Title:Address:		
Name and T	TIAL OFFICERS AND/OR DIRECTO itle: JUAN M. NUNEZ ABELLA 1989 50TH ST SW	PRES Name and Title:Address:		
Name and T Address	TIAL OFFICERS AND/OR DIRECTOR THE:JUAN M. NUNEZ ABELLA 1989 50TH ST SW NAPLES, FL 34116	PRES Name and Title:Address:		
Name and T Address	TIAL OFFICERS AND/OR DIRECTOR THE:JUAN M. NUNEZ ABELLA 1989 50TH ST SW NAPLES, FL 34116	PRES Name and Title:Address:		
Name and T	TIAL OFFICERS AND/OR DIRECTO itide: JUAN M. NUNEZ ABELLA 1989 50TH ST SW NAPLES, FL 34116	PRES Name and Title:Address:Name and Title:		
Name and T Address	TIAL OFFICERS AND/OR DIRECTOR THE:JUAN M. NUNEZ ABELLA 1989 50TH ST SW NAPLES, FL 34116	PRES Name and Title:  Address:  Name and Title:		
Name and T Address	TIAL OFFICERS AND/OR DIRECTO itide: JUAN M. NUNEZ ABELLA 1989 50TH ST SW NAPLES, FL 34116	PRES Name and Title:Address:Name and Title:		
Name and T Address	TIAL OFFICERS AND/OR DIRECTO itide: JUAN M. NUNEZ ABELLA 1989 50TH ST SW NAPLES, FL 34116	PRES Name and Title:Address:Name and Title:		
Name and T	TIAL OFFICERS AND/OR DIRECTO itide: JUAN M. NUNEZ ABELLA 1989 50TH ST SW NAPLES, FL 34116	PRES Name and Title:Address:Name and Title:		
Name and T Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTO itle: JUAN M. NUNEZ ABELLA 1989 50TH ST SW NAPLES, FL 34116	PRES Name and Title:  Address:  Name and Title: Address:		
Name and T Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTO itle: JUAN M. NUNEZ ABELLA 1989 50TH ST SW NAPLES, FL 34116	PRES Name and Title:  Address:  Name and Title: Address:		
Name and Ti Address  Name and Ti Address	ITAL OFFICERS AND/OR DIRECTO itle: JUAN M. NUNEZ ABELLA 1989 50TH ST SW NAPLES, FL 34116	PRES Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Name and Title:		
Name and T Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTO itle: JUAN M. NUNEZ ABELLA 1989 50TH ST SW NAPLES, FL 34116	PRES Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Name and Title:		
Name and Ti Address  Name and Ti Address	ITAL OFFICERS AND/OR DIRECTO itle: JUAN M. NUNEZ ABELLA 1989 50TH ST SW NAPLES, FL 34116	PRES Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Name and Title:		

P.4 (H19000345-2093)

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the reg Name: JUAN M. NUNEZ ABELLA Address: 1989 50TH ST SW NAPLES, FL 34116  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: JUAN M. NUNEZ ABELLA Address: 1989 50TH ST SW NAPLES, FL 34116  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 be morfiling.) Note: If the date inserted in this block does not meet the applicable statutory the document's effective date on the Department of State's records.  Having been named astregistered agent to accept service of process for the aberentificate, I am faintliar with and accept the appointment as registered agent  Required Signature/Registered Agent  Submit this document and affirm that the faces stated herein are true. I autocument to the Department of State constitutes a third degree felony as proving the state of the degree felony as proving the state of the parameter of State constitutes a third degree felony as proving the state of the degree felony as proving the degree felony as	and Title:
The name and Florida street address (P.O. Box NOT acceptable) of the reg  Name:  JUAN M. NUNEZ ABELLA  Address:  1989 50TH ST SW  NAPLES, FL 34116  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  JUAN M. NUNEZ ABELLA  Address:  1989 50TH ST SW  NAPLES, FL 34116  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  11-26-19 (If an effective date is listed, the date must be specific and cannot be mothing.)  Note: If the date inserted in this block does not meet the applicable statutory the document's effective date on the Department of State's records.  Having been named agregistered agent to accept service of process for the abeliantificate. I am familiar with and accept the appointment as registered agent  Required Signature/Registered Agent  Submit this document and affirm that the facts stated begin as the submit and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit as the submit and affirm that the facts stated begin as the submit as the	ess:
The name and Florida street address (P.O. Box NOT acceptable) of the reg  Name:  JUAN M. NUNEZ ABELLA  Address:  1989 50TH ST SW  NAPLES, FL 34116  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  JUAN M. NUNEZ ABELLA  Address:  1989 50TH ST SW  NAPLES, FL 34116  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  11-26-19  If an effective date is listed, the date must be specific and cannot be mothing.)  Note: If the date inserted in this block does not meet the applicable statutory he document's effective date on the Department of State's records.  Itaving been named agregistered agent to accept service of process for the abelieving that the applicatic Agent  Required Signature/Registered Agent  Submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit that the facts stated begin as a second of the submit that the facts stated begin as a second of the submit that the facts stated begin as a second of the submit that the facts stated begin as a second of the submit that the facts stated begin as a second of the submit that the facts as a second of the submit that the submit	
The name and Florida street address (P.O. Box NOT acceptable) of the reg  Name:  JUAN M. NUNEZ ABELLA  Address:  1989 50TH ST SW  NAPLES, FL 34116  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  JUAN M. NUNEZ ABELLA  Address:  1989 50TH ST SW  NAPLES, FL 34116  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  11-26-19 (If an effective date is listed, the date must be specific and cannot be mothing.)  Note: If the date inserted in this block does not meet the applicable statutory the document's effective date on the Department of State's records.  Having been named agregistered agent to accept service of process for the abeliantificate. I am familiar with and accept the appointment as registered agent  Required Signature/Registered Agent  Submit this document and affirm that the facts stated begin as the submit and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit as the submit and affirm that the facts stated begin as the submit as the	
The name and Florida street address (P.O. Box NOT acceptable) of the reg  Name:  JUAN M. NUNEZ ABELLA  Address:  1989 50TH ST SW  NAPLES, FL 34116  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  JUAN M. NUNEZ ABELLA  Address:  1989 50TH ST SW  NAPLES, FL 34116  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  11-26-19  If an effective date is listed, the date must be specific and cannot be mothing.)  Note: If the date inserted in this block does not meet the applicable statutory he document's effective date on the Department of State's records.  Itaving been named agregistered agent to accept service of process for the abelieving that the applicatic Agent  Required Signature/Registered Agent  Submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit this document and affirm that the facts stated begin as a second of the submit that the facts stated begin as a second of the submit that the facts stated begin as a second of the submit that the facts stated begin as a second of the submit that the facts stated begin as a second of the submit that the facts stated begin as a second of the submit that the facts as a second of the submit that the submit	
Address: 1989 50TH ST SW  NAPLES, FL 34116  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name: JUAN M. NUNEZ ABELLA  Address: 1989 50TH ST SW  NAPLES, FL 34116  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 11-26-19 (If an effective date is listed, the date must be specific and cannot be molifing.)  Note: If the date inserted in this block does not meet the applicable statutory 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 abeliantificate, I am familiar with and accept the appointment as registered agent  Required Signature/Registered Agent  Submit this document and affirm that the facts stated begin as the service of states and a submit this document and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit this document and affirm that the facts stated begin as the submit the submit the facts stated begin as the submit the submit as the submit this document and affirm that the facts stated begin as the submit the su	istered agent is:
NAPLES, FL 34116  ARTICLE VII INCORPORATOR  The name and address of the incorporator is:  Name:  JUAN M. NUNEZ ABELLA  Address:  1989 50TH ST SW  NAPLES, FL 34116  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 be most filing.]  Note: If the date inserted in this block does not meet the applicable statutory the document's effective date on the Department of State's records.  Having been named astrogistered agent to accept service of process for the abeliantificate, I am familiar with and accept the appointment as registered agent  Required Signature/Registered Agent  Submit this document and affirm that the facts stated begin one for a line of the submit this document and affirm that the facts stated begin one for a line of the submit this document and affirm that the facts stated begin one for a line of the submit this document and affirm that the facts stated begin one for a line of the submit this document and affirm that the facts stated begin one for a line of the submit this document and affirm that the facts stated begin one for a line of the submit this document and affirm that the facts stated begin one for a line of the submit this document and affirm that the facts stated begin one for a line of the submit this document and affirm that the facts stated begin one for a line of the submit the facts stated begin one for a line of the submit this document and affirm that the facts stated begin one for a line of the submit the su	
The name and address of the incorporator is:  Name:  JUAN M. NUNEZ ABELLA  Address:  1989 50TH ST SW  NAPLES, FL 34116  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 be modifing.)  Note: If the date inserted in this block does not meet the applicable statutory 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 absentionate, I am familiar with and accept the appointment as registered agent  Required Signature/Registered Agent  submit this document and affirm that the facts stated begin one for the deciment.	
Name: JUAN M. NUNEZ ABELLA  Address: 1989 50TH ST SW  NAPLES, FL 34116  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 11-26-19 (If an effective date is listed, the date must be specific and cannot be modifing.)  Note: If the date inserted in this block does not meet the applicable standers the document's effective date on the Department of State's records.  Having been named astregistered agent to accept service of process for the abelianing been named astregistered agent to accept service of process for the abelianing been named astregistered agent the appointment as registered agent Required Signature/Registered Agent  Required Signature/Registered Agent	
Name: JUAN M. NUNEZ ABELLA  Address: 1989 50TH ST SW  NAPLES, FL 34116  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 11-26-19 (If an effective date is listed, the date must be specific and cannot be modifing.)  Note: If the date inserted in this block does not meet the applicable standers the document's effective date on the Department of State's records.  Having been named astregistered agent to accept service of process for the abelianing been named astregistered agent to accept the appointment as registered agent  Required Signature/Registered Agent  submit this document and affirm that the facts stated begin one for the deciment and affirm that the facts stated begin one for the deciment and affirm that the facts stated begin one for the deciment and affirm that the facts stated begin one for the deciment and affirm that the facts stated begin one for the deciment and affirm that the facts stated begin one for the deciment and affirm that the facts stated begin one for the deciment and affirm that the facts stated begin one for the deciment and affirm that the facts stated begin one for the deciment and affirm that the facts stated begin one for the deciment and affirm that the facts stated begin one for the deciment and affirm that the facts stated begin one for the deciment and affirm that the facts stated begin as for the deciment and affirm that the facts stated begin and the deciment and affirm that the facts stated begin and the deciment and affirm that the facts stated begin as for the deciment and affirm that the facts stated begin as for the deciment and affirm that the facts stated begin and the deciment and affirm that the facts stated begin as for the deciment and affirm that the facts stated begin as for the deciment and affirm that the facts af	
Address: 1989 50TH ST SW  NAPLES, FL 34116  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 11-26-19 (If an effective date is listed, the date must be specific and cannot be mobiling.)  Note: If the date inserted in this block does not meet the applicable statutory he document's effective date on the Department of State's records.  Taving been named as registered agent to accept service of process for the absentificate, I am familiar with and accept the appointment as registered agent  Required Signature/Registered Agent  submit this document and affirm that the facts stated begin are to a line of the date of the series are the date of the series are the date.	
NAPLES, FL 34116  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 11-26-19 (If an effective date is listed, the date must be specific and cannot be mobiling.)  Note: If the date inserted in this block does not meet the applicable statutory he document's effective date on the Department of State's records.  Having been named astregistered agent to accept service of process for the absentificate, I am familiar with and accept the appointment as registered agent  Required Signature/Registered Agent  submit this document and affirm that the facts stated begin one for the design one for the design of the series and the series are for the design of the de	
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 be mothing.]  Note: If the date inserted in this block does not meet the applicable statutory he document's effective date on the Department of State's records.  If aving been named astregistered agent to accept service of process for the absentificate, I am familiar with and accept the appointment as registered agent  Required Signature/Registered Agent  submit this document and affirm that the facts stated begin one to the line.	
Effective date, if other than the date of filing: 11-26-19  [If an effective date is listed, the date must be specific and cannot be motifing.]  Note: If the date inserted in this block does not meet the applicable statutory he document's effective date on the Department of State's records.  If a ving been named as registered agent to accept service of process for the absentificate, I am familiar with and accept the appointment as registered agent  Required Signature/Registered Agent  submit this document and affirm that the facts stated basely are to a local date of the series are the series are to a local date of the series are the serie	
Having been named as registered agent to accept service of process for the absertificate, I am familiar with and accept the appointment as registered agent  Required Signature/Registered Agent  submit this document and affirm that the facts stated basely are to the	(OPTIONAL) re than five days prior or 90 days after the
Required Signature/Registered Agent  submit this document and affirm that the facts stated basely are two least	filing requirements, this date will not be listed as
submit this document and affirm that the facts stated became are true I	ove stated corporation at the place designated in this and agree to act in this capacity
submit this document and affirm that the facts stated became are true I	11-26-19
submit this document and affirm that the facts stated herein are true. I allocument to the Department of State constitutes a third degree felony as provi	Date
at a consister of	n aware that the false information submitted in a ded for in s.817.155, F.S.
Thi pane &	11-26-19
lequired Signature/Incorporator	Date