

12/23/2019

Division of Corporations

**P19000094455**

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: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AGL TRUCKING INC**

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

2019 DEC 23 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

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Electronic Filing Menu

Corporate Filing Menu

Help

*lyb*  
Dec 26, 2019

## COVER LETTER

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

SUBJECT: AGL Trucking 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

[illegible]

FROM: Elaine Martinez Santiago  
Name (Printed or typed)  
2952 NW 31st ST  
Address  
Miami FL 33142  
City, State & Zip  
(754) 908-7646  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FL

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11

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

The name of the corporation shall be:

AGL Trucking Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address2952 NW 31st ST  
MIAMI FL 33142

Mailing address, if different is:

2952 NW 31st ST  
MIAMI FL 33142ARTICLE 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:

Elaine Martinez Santiago, President

Address

2952 NW 31st ST  
MIAMI FL 33142

Address:

Name and Title:

Allan Gomez, Treasurer

Address

2952 NW 31st ST  
MIAMI FL 33142

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FL

FILED

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:

Address:

Elaine Martinez Santiago  
2952 NW 31st ST  
Miami, FL 33142

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name:

Address:

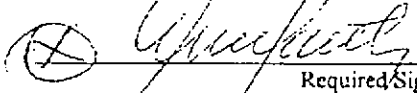
Elaine Martinez Santiago  
2952 NW 31st ST  
Miami, FL 33142

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**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 12-21-19 (OPTIONAL)

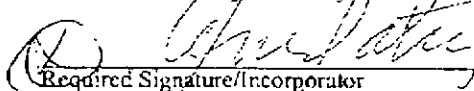
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

  
 Required Signature/Registered Agent

12-21-19  
 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.*

  
 Required Signature/Incorporator

12-21-19  
 Date