

Feb 10 20, 02:11p

2/10/2020

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Florida Department of State
Division of Corporations
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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:

WIZVILLARDI@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Y Y TOWING EXPRESS CORP

Certificate of Status	0
Certified Copy	0
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COMMERCIAL SERVICES

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COVER LETTER

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

SUBJECT: Y Y TOWING EXPRESS 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: LUZ M. VILLARDI
Name (Printed or typed)

11710 NW S RIVER DR APT 212
Address

MEDLEY, FLORIDA 33178
City, State & Zip

786-398-0234
Daytime Telephone number

LUZVILLARDI@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

(H200000460923)

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

ARTICLE I NAMEThe name of the corporation shall be: Y Y TOWING EXPRESS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

11710 NW S RIVER DR APT 21211710 NW S RIVER DR APT 212MEDLEY, FLORIDA 33178MEDLEY, FLORIDA 33178**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: LUZ M. VILLARDI, PRES

Name and Title: _____

Address 11710 NW S RIVER DR

Address: _____

APT 212MEDLEY, FL 33178

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Luz M. Villardi, president.

Address:

11710 NW South River Dr. # 212
Medley, FL 33178**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

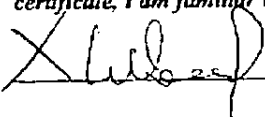
Name:

Luz M. Villardi, pres

Address:

11710 NW South River Dr #212
Medley, FL 33178**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 2/10/2022 (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

2/10/2022
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

2/10/2022
Date