

Feb 13 20, 12:56p

2/10/2020

P20000013017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H20000045773 3)))



H200000457733ABC

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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: LIONYG2017@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
LIONY G TRUCK TRANSPORTATION INC

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

RECEIVED  
2020 FEB 13 PM 12:35  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

2nd request = 2/13/2020

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Corporate Filing Menu

Help

J DENNIS

FEB 14 2020

(H200000457733)

**COVER LETTER**

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

**SUBJECT:** LIONY G TRUCK TRANSPORTATION 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      ☐ \$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:** First Name- Liony Last Name- Guevara Sanchez  
Name (Printed or typed)

7650 SW 82ND ST APT H 102  
Address

MIAMI, FLORIDA 33143  
City, State & Zip

786-308-5845  
Daytime Telephone number

LIONYG2017@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

(H200000457733)

**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: LIONY G TRUCK TRANSPORTATION INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7650 SW 82ND ST APT H 1027650 SW 82ND ST APT H 102MIAMI, FLORIDA 33143MIAMI, FLORIDA 33143**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: Liony Guevara Sanchez, Pres Name and Title: \_\_\_\_\_Address 7650 SW 82nd ST Address: \_\_\_\_\_  
MIAMI, FL 33143 \_\_\_\_\_  
\_\_\_\_\_

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 AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LIONY GUEVARA SANCHEZ  
Address: 7650 SW 82ND ST APT H102  
MIAMI, FL 33143

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

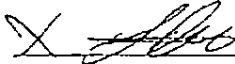
Name: LIONY GUEVARA SANCHEZ  
Address: 7650 SW 82ND ST APT H102  
MIAMI, FL 33143

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 02-10-2020 (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

02-10-2020

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

02-10-2020

Date