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To:		## T
	Division of Corporations	🚬 📆 🚬
	Fax Number : (850)617-6381	
From:		85 را 1. م
	Account Name : THREE K FAST CARRIER SERVICES INC	5 00
	Account Number : I20180000033	
	Phone : (305)805-3516	
	Fax Number : (305)887-5844	

## FLORIDA PROFIT/NON PROFIT CORPORATION TONY LEON TRUCK INC

Certificate of Status	0
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(H. 200000614783)

## **COVER LETTER**

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

SUBJECT:	TONY LEON TRUCK INC				
•	(PROPOSED CORPOR/	TE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	a check for:		
X \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status		
			- Tracyonasb		
FROM:	PEDRO A. LEON				
	Name (Printed or typed)				
	· 19800 SW	180TH AVE #190			
	Address				
	MIAMI, FLORIDA 33187				
<del></del>	Čity, State & Zip				
	786-339-4146				
***************************************	Daytime Telephone number				
	KATYDEARMA	AS@YAHOO.COM			
<del></del>	E-mail address: (to be used	for future annual report no	tification)		

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

(H200000614783)-

## ARTICLES OF INCORPORATION

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

CLE I NAM arne of the corpor	ation shall be: TONY LEO	N TRUCK INC	
CLE II PRIN	CIPAL OFFICE Principal street address	Mailing address, if different is	
00 SW 180 <b>T</b>	H AVE #190	19800 SW 180TH AVE #19	
IAMI, FLORIDA 33187		MIAMI, FLORIDA 33187	
CLE III PURI	POSE the corporation is organized is:		
	LAWFUL BUSINESS		
,			
<del></del>	· · · · · · · · · · · · · · · · · · ·		
CLE IV SHAR amber of shares of	ES stock is: 100		
amber of shares of	stock is: 100 AL OFFICERS AND/OR DIRECTORS	Name and Title	
amber of shares of	stock is: 100	Name and Title:	
amber of shares of CLE V ENITE  Name and Titi	stock is: 100  AL OFFICERS AND/OR DIRECTORS  E: PEDRO A. LEON, PRES  19800 SW 180TH AVE #190	Name and Title:Address:	
amber of shares of CLE V ENITE  Name and Titi	stock is: 100  AL OFFICERS AND/OR DIRECTORS  E: PEDRO A. LEON, PRES		
amber of shares of CLE V RVITE  Name and Titi  Address	### stock is: 100  ### OFFICERS AND/OR DIRECTORS  E: PEDRO A. LEON, PRES  19800 SW 180TH AVE #190  MIAMI, FLORIDA 33187	Address:	
Name and Title  Name and Title	stock is: 100  AL OFFICERS AND/OR DIRECTORS  E: PEDRO A. LEON, PRES  19800 SW 180TH AVE #190  MIAMI, FLORIDA 33187	Address:  Name and Title:	
amber of shares of CLE V RVITE  Name and Titi  Address	### stock is: 100  ### OFFICERS AND/OR DIRECTORS  E: PEDRO A. LEON, PRES  19800 SW 180TH AVE #190  MIAMI, FLORIDA 33187	Address:  Name and Title:	
Name and Title  Name and Title	stock is: 100  AL OFFICERS AND/OR DIRECTORS  E: PEDRO A. LEON, PRES  19800 SW 180TH AVE #190  MIAMI, FLORIDA 33187	Address:  Name and Title:	
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Name and Title:	Name and Title:	
Address	Address:	
	<del></del>	
·		
ARTICLE VI REGISTERED AGENT		1 × 21
The name and Florida street address (P.O. Box NOT acceptal Name:	ble) of the registered agent is:	ECNE Z
Address: 19800 SW 180Th A	Tue#190	8 24 4888
Mian, FL 3318	27	FEB 24 AH 9:40
ARTICLE VII INCORPORATOR		64 :6
The name and address of the Incorporator is:		
Name: PEONO A-Leon	<u> </u>	
Address: 19800 SW 180th	:Ave#190	
Miami, FL 3318	<u>''7</u>	
ARTICLE VIII EFFECTIVE DATE:	/2020 (OPTIONAL)	
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and offling.)	(OPTIONAL) cannot be more than five days price	or or 90 days after the
Note: If the date inserted in this block does not meet the applithe document's effective date on the Department of State's rec	cable statutory filing requirements, to	this date will not be listed as
Having been named as registered agent to accept service of proceertificate, I am familiar with and accept the appointment as re	cess for the above stated corporation gistered agent und agree to act in thi	at the place designated in this
L (New Y)		2/24/2020
Required Signature/Registered Agent		Date
submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree	t are true. I am aware that the false	e information submitted in a
L blood	,у но реотнем јог 111 5.01 /.155, 1	2/24/2020
Required Sygnature/Incorporator	Date	4/2020