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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:

A76LEON@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
ARPON TRUCK CORP

Certificate of Status	0
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JUN 23 2020

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: **ARPON TRUCK 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

FIRST NAME: ALAIN
FROM: **2 LAST NAMES: LEON MARTINEZ**
Name (Printed or typed)

1015 CODADAD STREET
Address

OPA LOCKA, FLORIDA 33054
City, State & Zip

786-916-7756

Daytime Telephone number

A76LEON@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

(H200001922983)

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

ARTICLE I NAMEThe name of the corporation shall be: **ARPON TRUCK CORP**ARTICLE II PRINCIPAL OFFICE

Principal street address

1015 CODADAD STREET

OPA LOCKA, FL 33054

Mailing address, if different is:

1015 CODADAD STREET

OPA LOCKA, FL 33054

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 DIRECTORSName and Title: **ALAIN LEON MARTINEZ, PRES**

Name and Title:

Address: **1015 CODADAD STREET**

Address:

OPA LOCKA, FLORIDA 33054

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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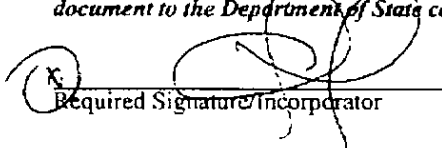
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Alain Leon MartinezAddress: 1015 Codadad Street
Opa Locka, FL 33054**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Alain Leon MartinezAddress: 1015 Codadad Street
Opa Locka, FL 33054**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 6-23-2020 (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 Agent6-23-2020
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/Incorporator6-23-2020
Date