7/13/2020

Florida Department of State

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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 HENRY OJO DE AGUA TRUCKING INC

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COVER LETTER



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

	<u></u>	(1)(1)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
S78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED				
FROM: Henry Mirando					
8810 Fontainebleau Blvd Apt 108					
Mianni FL 33172					
(186) 597-9291					
da845@		m			
·	2020 JU SEUNI TALI	C []			
	S78.75 Filing Fee & Certified Copy ADDITIONAL CO Printed or typed) Color or typed) Idress S172 Iate & Zip Pephone number ASYS or future annual report in	S78.75 S87.50 Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Color by Company April 108 Color by Company April 108 Color by Company April 108 Color future annual report notalication) Color future annual report notalication			

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: HENRY OJ	De Agua	Trucking Inc
ARTICLE II PRINCIPAL OFFICE	J	J
Principal street address 8810 Fontainebleau Blvd #108	8810 F	address, if different is:
Miami, FL 33172	Hot #10	8 Mamifl
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		33172
Any and all lawful	Busines	J
The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	. 1 1	
Name and Title: Henry Miranda, f	orcsident	
Address <u>8810 Fontainebleau</u> Ant 102		
Mani F133172		
Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	<u> </u>
		PM F
	-	

20, 09:18p	p.4
Name and Title:	#200002227173
Address	Address:
The name and Florida street address (P.O. Box NOT acceptable)) of the registered agent is:
Name: Henry Miranda Address: <u>8810 Pontaine bleau!</u> Mami FL 33177	- <u>-</u>
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Address: SSID Fontaineble Mami FL 331	2 Bird#108
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and canifiling.)	2020. (OPTIONAL) not be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the applicab the document's effective date on the Department of State's records	le statutory filing requirements, this date will not be listed as s.
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as regist	for the above stated corporation at the place designated in this ered agent and agree to act in this capacity
Required Signature/Registered Agent	7-13-2020
I submit this document and affirm that the facts stated herein and document to the Department of State constitutes a third degree felo.	Date te true. I am aware that the false information submitted in a true as provided for in \$ \$17.155. E.S.
X AS	7-12 2002
Required Signature/Incorporator	Date (1)-2020
	2020 JUL 14 SECONDATE ANASS