Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cove		St.
To:	Division of Corporations	50 27 240 1	<u>.</u> 3
	Fax Number : (850)617-6381		PH
From:		CONTECT THE	-
	Account Name : THREE K FAST CARRIER S	SEKATCE2 INC	S
	Account Number : I20180000033		
	Phone : (305)805-3516 Fax Number : (305)887-5844		

FLORIDA LIMITED LIABILITY CO. DOMINGUEZ TRANS CORP

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$125.00	

Electronic Filing Menu

Corporate Filing Menu

Help

(H20000 3059983)

COVER LETTER

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

SUBJECT:	DOMINGUEZ TRANS CORP (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation and	t a check for:			
 ★ \$70.00 Filing Fed		S78.75 Filing Fcc & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	940 E 8TH COURT	AINGUEZ DIAZ e (Printed or typed) Address				
HIALEAH, FL 33010 City, State & Zip		, State & Zip		2020 SEP	71	
-	Tage 1		EP -3 PM 4:	FILED		
	NOTE: Please provide the G	original and one copy o	f the articles.	<u>5</u>		

3058875844 p.3 (H20000385 9983)

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

	on shall be: DOMINGUEZ	TRANS CORP		
TICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	Mailing add	tress, if different is:	
940 E 8TH COURT HIALEAH, FLORIDA 33010		940 E 8TH COURT HIALEAH, FLORIDA 33010		
NY AND ALL	LAWFUL BUSINESS			
			2020 7AT	
			S: P	
			<u> </u>	
			<u></u>	
			. s	
	LOFFICERS AND/OR DIRECTORS YUNIEL DOMINGUEZ DIAZ, PR	ES Name and Title:		
	YUNIEL DOMINGUEZ DIAZ, PR			
Name and Title	YUNIEL DOMINGUEZ DIAZ, PR			
Name and Title Address	YUNIEL DOMINGUEZ DIAZ, PR 940 E 8TH COURT HIALEAH, FLORIDA 33010	Address:		
Name and Title Address	YUNIEL DOMINGUEZ DIAZ, PR 940 E 8TH COURT HIALEAH, FLORIDA 33010	Address: Name and Title:		
Name and Title Address Name and Title:	YUNIEL DOMINGUEZ DIAZ, PR 940 E 8TH COURT HIALEAH, FLORIDA 33010	Address: Name and Title:		
Name and Title Address Name and Title: Address	YUNIEL DOMINGUEZ DIAZ, PR 940 E 8TH COURT HIALEAH, FLORIDA 33010	Name and Title:		
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Name and Title Address Name and Title: Address	YUNIEL DOMINGUEZ DIAZ, PR 940 E 8TH COURT HIALEAH, FLORIDA 33010	Name and Title: Name and Title: Name and Title:		

Name and Title:	Name and Trile:
Address	Address:
	•
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac	eceptable) of the registered agent is:
Name: Address: 940 E 874	inguez Diaz Court
Malean, FL	
ARTICLE VII _ INCORPORATOR	
The name and address of the Incorporator is:	in a command Diago
Name:	inguez Diaz
Address: 940 E. 876	Court
Hialeah, Fl	_33010
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specififling.)	7-02-2020(OPTIONAL) ic and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the document's effective date on the Department of Sta	he applicable statutory filing requirements, this date will not be listed as te's records.
Having been named as registered agent to accept service certificate, I am samiliar with and accept the appointme	e of process for the above stated corporation at the place designated in this ant as registered agent and agree to act in this capacity
	09-02-20
Required Signature/Registere	ed Agent Date
I I submit this document and affirm that the facts state	d herein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a third	aegree jeiony as provided for in Sol 7.155, 155
1	Date 01-01-00
Required Signature/Incorporator	