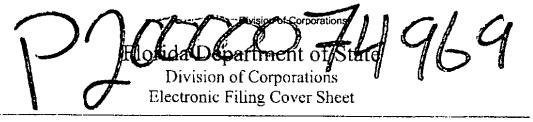
9/25/2020



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.

(((H20000335374 3)))



H200003353743ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

FLORIDA PROFIT/NON PROFIT CORPORATION

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

LAG TRUCK INC

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

(H200003353743)

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

SUBJECT: LAG TYUC	K Inc	DE SHEERY)
Enclosed are an original and one (1) copy of the artic	-	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL COP	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
1120 Ne 35	Printed or typed) Hy Ave	
Homestea (786) 277	tate & Zip - 8382 ephone number	3033
E-rdail address: (to be used to	for future annual report not	· -,
NOTE: Please provide the ori	ginal and one copy of th	ne articles.

3058875844 p.3 (H20003353743)

ARTICLES OF INCOMPLIANCE WITH Chapter 607 and	
ARTICLE I NAME The name of the corporation shall be:	uck Inc
ARTICLE II PRINCIPAL OFFICE	
1120 NO Principal street address HONDESTED A F132023	Mailing address, if different is the AVE
HUIVICSICUCI, F () ()	HUMCSICACI, FLOOD
ARTICLE III PURPOSE The purpose for which the corporation is organized is: AND AND AND LAWFULP	ousinass
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title OV GC J J Q Z, VITS	Name and Title:
Address HOMESTCALFL	Address:
_33033	
Name and Title:	Name and Title:
Address	Address:
	U SEP
	SS
Name and Title:	List.
	Address:

Vame s	nd Title:	(1)	120000 33 52
	nd Title:	Name and Title:	
Addre		Address:	
ARTICLE VI The name and 1	REGISTERED AGENT Torida street address (P.O. Box NOT	acceptable) of the registered agent is:	
Name:	30rd 110/2	A . /O	····
Address:	1120°NC 3110	1 1 22N27	2020 :
	MOMESTEGA,	PL 33033	SEP AHA
<u>ARTICLE VII</u>	INCORPORATOR		25 / SSEE
The <u>name</u> and s	ddress of the Incorporator is:		AH 8:
Name:	Scrae Dia	12	7: -6
Address:	1120' NC 37	The again	, , , , , , , , , , , , , , , , , , ,
	Homestcac	FL 33033	
ARTICLE MIL	EFFECTIVE DATE: Of ther than the date of filing:	25-2020 (OPTIONA	10

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 9-25-2020

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 \$.817.155, F.S.

(Required Signature/Incorporator Date