10/15/2020

Division of Corporations Electronic Filing Cover Sheet

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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.\*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION **ASH & KIM TRUCK TRANSPORT INC**

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

Electronic Filing Menu Corporate Filing Menu

Help

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## COVER LETTER .

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

SUBJECT:	ASH & KIM TRUCK	TRANSPORT IN	1C
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one $(\frac{1}{2})$ copy of the ar	ticles of incorporation and	d a check for:
¥ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status
	FIRST NAME- JUAN		
FROM:	2 LAST NAMES - CH	(Printed or typed)	
	3465 NW 71ST TER	R SUITE D	
		Address	
	MIAMI, FL 33147 City,	State & Zip	
	305-305-2737		
	Daytime To JUANCHACH@GMA	elephone number	<del></del>
	E-mail address: (to be used	for future annual report no	otification)

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

4200003598943

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

CLE II PRINC	Principal street address	Mailing addre	ess, if different is:
	ST TERR STE D	3465 NW 71ST	TERR STE I
MI, FL 33		<b>MIAMI, FL 3314</b>	
CLE III PURPO	OSE		· · · · · · · · · · · · · · · · · · ·
upose for which t	the corporation is organized is:		
Y AND AL	L LAWFUL BUSINESS	)	
	<u> </u>		
	····		
LE V INITIA	stock is: 100  LOFFICERS AND/OR DIRECTORS		
mber of shares of some substitute of shares and Title:	stock is: 100	RESame and Title:	
mber of shares of some substitute of shares and Title:	Stock is: 100 LOFFICERS AND/OR DIRECTORS JUAN CHACH JAX, PF	RESame and Title:Address:	
mber of shares of some shares of some share and Title:  Address	LOFFICERS AND/OR DIRECTORS JUAN CHACH JAX, PF 3465 NW 71ST TERR STE D	RES <sub>ame</sub> and Title:Address:	
mber of shares of some shares of some share and Title:  Address	LOFFICERS AND/OR DIRECTORS JUAN CHACH JAX, PF 3465 NW 71ST TERR STE D	RES <sub>ame</sub> and Title:Address:	
mber of shares of some and Title:  Address	LOFFICERS AND/OR DIRECTORS JUAN CHACH JAX, PF 3465 NW 71ST TERR STE D	RESame and Title:Address:	·
mber of shares of some and Title:  Address	LOFFICERS AND/OR DIRECTORS JUAN CHACH JAX, PF 3465 NW 71ST TERR STE D MIAMI, FL 33147	Address:  Name and Title:	·
Mare and Title:	LOFFICERS AND OR DIRECTORS JUAN CHACH JAX, PF 3465 NW 71ST TERR STE D MIAMI, FL 33147	Address:  Name and Title:	
Mare and Title:	LOFFICERS AND OR DIRECTORS JUAN CHACH JAX, PF 3465 NW 71ST TERR STE D MIAMI, FL 33147	Address:  Name and Title:	
Mare and Title:	LOFFICERS AND OR DIRECTORS JUAN CHACH JAX, PF 3465 NW 71ST TERR STE D MIAMI, FL 33147	Address:  Name and Title:	
Name and Title: Address  Name and Title: Address	LOFFICERS AND/OR DIRECTORS JUAN CHACH JAX, PF 3465 NW 71ST TERR STE D MIAMI, FL 33147	Address:  Name and Title:  Address:	
Name and Title: Address  Name and Title: Address	LOFFICERS AND OR DIRECTORS JUAN CHACH JAX, PF 3465 NW 71ST TERR STE D MIAMI, FL 33147	Address:  Name and Title:  Address:  Name and Title:  Address:	

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

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/Incorporator

Date