11/10/2020

Division of Corporations

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(((H20000389825 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : 120180000033 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

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T. SCOTT

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November 12, 2020

FLORIDA DEPARTMENT OF STATE

THREE K FAST CARRIER SERVICES INC

SUBJECT: BB TRUCK INC REF: W20000129532

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

Conflicting document number L18000110987.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jalesa S Dennis Regulatory Specialist II New Filing Section

FAX Aud. #: H20000389825 Letter Number: 820A00022582

(4200003898253)

COVER LETTER

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

SUBJECT:	BBKT	RUCK INC			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:		
₹ \$70.00 Filing Fee	S78.75 Filing Fec & Certificate of Status	S78.75 Filing Fcc & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate o. Status PPY REQUIRED		
FROM:	•	ran A. Sulph (Printed or typed)			
		tlantic Dr W	· · · · · · · · · · · · · · · · · · ·		
	Boynton Beach, FL 33435				
	City, State & Zip				
	561-806-8231 Daytime Telephone number				
	-	rvice@gmail.co	m		
	E-mail address: (to be used	for future annual report n	otification)		

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

(H200003898253)

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

FICILE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is	:
11 S. ATLANTIC DR W OYNTON BEACH, FL 33435		111 S. ATLANTIC DR W BOYNTON BEACH, FL 33	
	th the corporation is organized is:		
NY AND	ALL LAWFUL BUSINE	88	
- · -			
TCLE IV SHA	IRES of stock is: 100		
			
	TAL OFFICERS AND/OR DIRECTORS		
		Name and Title:	
	BRYAN A. SULPH, PRES	Name and Title:	
Name and T	BRYAN A. SULPH, PRES	_ Address:	
Name and T	BRYAN A. SULPH, PRES 111 S. ATLANTIC DR W	_ Address:	
Name and T	BRYAN A. SULPH, PRES 111 S. ATLANTIC DR W BOYNTON BEACH, FL 334	Address:	
Name and T	BRYAN A. SULPH, PRES 111 S. ATLANTIC DR W BOYNTON BEACH, FL 334	_ Address:	
Name and T	BRYAN A. SULPH, PRES 111 S. ATLANTIC DR W BOYNTON BEACH, FL 334	Address: 35 Name and Title:	
Name and T Address Name and Tie	BRYAN A. SULPH, PRES 111 S. ATLANTIC DR W BOYNTON BEACH, FL 334	Address: 35 Name and Title:	
Name and T Address Name and Tie	BRYAN A. SULPH, PRES 111 S. ATLANTIC DR W BOYNTON BEACH, FL 334	Address: 35 Name and Title:	
Name and T Address Name and Tit Address	BRYAN A. SULPH, PRES 111 S. ATLANTIC DR W BOYNTON BEACH, FL 334	Address: Name and Title: Address:	
Name and T Address Name and Tie	BRYAN A. SULPH, PRES 111 S. ATLANTIC DR W BOYNTON BEACH, FL 334	Address: Name and Title: Address: Name and Title: Name and Title:	
Name and T Address Name and Tit Address	BRYAN A. SULPH, PRES 111 S. ATLANTIC DR W BOYNTON BEACH, FL 334	Address: Name and Title: Address: Name and Title: Name and Title:	
Name and Ti Address Name and Ti Address	BRYAN A. SULPH, PRES 111 S. ATLANTIC DR W BOYNTON BEACH, FL 334	Address: Name and Title: Address: Name and Title: Address:	-n
Name and Ti Address Name and Ti Address	BRYAN A. SULPH, PRES 111 S. ATLANTIC DR W BOYNTON BEACH, FL 334	Address: Name and Title: Address: Name and Title: Name and Title:	

	(#20000 3898253				
Name and Title:	Name and Title:				
Address	Address:				
					
ARTICLE VI REGISTERED AGENT					
The name and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:				
Name: Bryan A. Julyn					
Address: 111 S. Htlantic Dr	_W.				
Bounton Aria PL 33	5435 -				
ARTICLE VII INCORPORATOR					
The name and address of the Incorporator is:					
Name: Bryan A. Sulph					
ilis Allonia	$\overline{2}$ M)				
Address: $110.71101110.11$	ファリング				
sound on the	<u> </u>				
1					
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)				
(If an effective date is listed, the date must be specific and can					
filing.)					
Note: If the date inserted in this block does not meet the applicabe the document's effective date on the Department of State's records					
the document's effective date on the preparation of state's record.	•				
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 regist	ereu agent una agree to act in this capacity				
X) Blyon Dujot	11/0/20				
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.					
X) Brean LuiPH	וולוווו				
Required Signature/Incorporator	Date Date				