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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 cover sheet.	
To:			33.
	Division of Cor	porations	
	Fax Number	: (850)617-6381	
From:			- 52 i
	Account Name	: THREE K FAST CARRIER SERVICES INC	スシステ
	Account Number	: 120180000033	
	Phone	: (305)805-3516	A Park
		: (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 HRR TRUCKING INC

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COVER LETTER

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

SUBJECT:	HRR TRUCKING INC				
-1,	(PROPOSED CORPO	RATE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an o	riginal and one (1) copy of the	articles of incorporation and	l a check for:		
★ \$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy	& Certificate o Status		
	ADDITIONAL COPY REQ		PY REQUIRED		
FROM:_	First Name: Hansel (2) Last Names: Rodriguez Arias Name (Printed or typed)				
	1866 NW 22nd PL	, ,			
_	Address				
	Miami, FL 33125				
_	786-366-4255 City, State & Zip				
	HANSELR94@YAHOO	Telephone number			
-	E-mail address: (to be us	sed for future annual report n	otilication)		

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

H210000837413)

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

Principal <u>Street</u> address		Mailing address, if different is:		
866 NW 22ND PLACE		1866 NW 22ND PLACE		
IAMI, FL 33125		MIAMI, FL 33125		
III PURPO.	SE e corporation is organized is:			
AND ALL	LAWFUL BUSINESS			
				
	1			
IV SHARE	\$			
IV SHARE.	<u>S</u> tock is: 100			
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or of shares of start of shares of s	OFFICERS AND/OR DIRECTORS	RERSIDENT:		
V INITIAL	officers and/or directors Hansel R. Rodriguez Arias	Rinsident:		
V INITIAL	officers and/or directors Hansel R. Rodriguez Arias 1866 NW 22nd PL			
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Mar 01 2021 6:30pm Three_K	3058875844 (H210	p.4 000837413)
Name and Title:	Name and Title:	
Address	_ Address:	
	-	
 	· —	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	Mt	
IMAGE DE DENTIGUE		
Name: Hall 2 210 d O'l	- MILLUS	
Address: 18(CC IVW ZZVICI F L		21 ALI
_1VUUV(1, FL 35125	<u> </u>	A M
		FIL ASS
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		T. S. D.
Name: HUSEL K. KULI 194	icz Arias	2: 02 3: AHL LORIDA
Address: 1866 NIN 22nd PT		D ' 10
MAJAMAI FL 23DE		
William Control		
ARTICLE VIII EFFECTIVE DATE:	2201	
Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot	2021 (OPTIONAL)	om on 00 dans after all a
filing.)	be more man five days price	or or 90 days after the
Note: If the date inserted in this block does not meet the applicable s	statutory filing requirements,	this date will not be listed as
the document's effective date on the Department of State's records.	•	
Having been named as registered agent to accept service of process for	r the above stated corporation.	at the place decionated in thic
certificate, I am familiar with and accept the appointment as registered	d agent and agree to act in thi	s capacity
(a) William		02-27-2021
Required Signature/Registered Agent		Date
I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes a third degree felony	rue. I am aware that the falso	e information submitted in a
in the Department of State constitutes a intra degree felony	us provinca jor in 8.817.155, F	
Required Signature/Incorporator	Date	02-27-2021
,	Date	