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.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION ACD TRUCKING INC

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Certificate of Status	0
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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

	(PROPOSED CORPOR	ATE NAME - MUST INCL	<u>UDE SÚFFIX</u>)
closed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00	□ \$78.75	□ \$78.75	□ \$ 87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
		1	& Certificate of
		}	Status
		ADDITIONAL CO	PV REGITTED

FROM:	FIRST NAME: LUIS (2) LAST NAMES: CABRERA COCA
	Name (Printed or typed)
	16145 SW 137m CT
•	Address
_	MIAMI, FL 33177
	City, State & Zip 305-338-0836
-	Daytime Telephone number
	ALECABRERACOCA@GMAIL.COM
_	E-mail address: (to be used for future annual report notification)

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

3058875844 H2/001154023)

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

ARTICLE I NAME The name of the corpora	tion shall be: ACD TRUCKING	INC			
ARTICLE II PRINCIPAL OFFICE Principal street address 16145 SW 137TH COURT MIAMI, FL 33177		Mailing address, if different is:			
		16145 SW 137TH COURT MIAMI, FL 33177			
				- - -	
		No. and Title	SECRETAR TARITANASSE	21 MAR 23	
Address	16145 SW 137TH CT			-	
	MIAMI, FL 33177		30000000000000000000000000000000000000	- : - ဖာ 	
Name and Title:		Name and Title:		-	
Address		Address:		-	
Name and Title:		Name and Title:		-	
Address		Address:		-	
				-	

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N. LTM	(#2/0	000115402	3
Name and Title:	Name and Title:		
Address	Address:		,
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable Name: LUIS A. Cabrera Cabrer) of the registered agent is:	E 21 MAR 2 21 MAR 2 SECRESA FALKALIA	· Austria
ARTICLE VII INCORPORATOR		SSEE 1	
The name and address of the Incorporator is:			•
Name: Lyis A. Cabrera Ca	100		
1/01/1- CIN 17/17/1	ÃT.	\$ 3	.•
Address: QQ 3 V 3	اب		
WILLIAM, FL 3317	7_		
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 03-22 (If an effective date is listed, the date must be specific and car filing.) Note: If the date inserted in this block does not meet the applicate the document's effective date on the Department of State's record	nnot be more than five days pric ble statutory filing requirements, t	·	
Having been named as registered agent to accept service of proces certificate, I am familiar with and accept the appointment as regis	s for the above stated corporation tered agent and agree to act in thi	at the place designated in this is capacity 3-22-202	
Required Signature/Registered Agent		Date	-
I submit this document a nd affirm that the facts stated herein a document to the Department of State constitutes a third degree fel	re true. I am aware that the false	e information submitted in a	a
The same of the second of State Constitutes a triva degree jet			,
Required Signature/Incorporator	Date	03-11-202	1