5/13/2021

Division of Corporations

Florida Department of State Division & Company Richtic Einig Constitution

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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 T & G TILE LOADS CORP

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COVER LETTER

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

| SORIECT: | (PROPOSED CORPORA | TE NAME - MUST INCL | UDE SUFFIX) |
|------------------------|-----------------------------------|---|---|
| Enclosed are an ori | ginal and one (1) copy of the art | ticles of incorporation and | l a check for: |
| ¥ \$70.00 Filing Fœ | | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |
| FROM: _ | Nam | e (Printed or typed) | |
| _ | 1261 SW 4TH ST AF | PT 3 Address | |
| _ | MIAMI, FL 33135 | State & Zip | |
| | 786-236-6357 | | |
| | Daytime T MEL7774@YAHOO. | elephone number | |
| | E-mail address: (to be use | d for future annual report r | otification) |

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

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

| LE II PRINCIPAL OFFIC | | Mailing address if different in | |
|--|---|--|---|
| Principel stree | _ | Mailing address, if different is: | |
| <u>I SW 4TH ST APT 3</u> MI, FLORIDA 33135 | | 1261 SW 4TH ST APT 3 MIAMI, FLORIDA 33135 | |
| m, FEORIDA 33133 | | | |
| LE III PURPOSE | i is organized is: | | |
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| LE IV SHARES aber of shares of stock is: 100 | • | | |
| LE IV SHARES ber of shares of stock is: 100 | | | |
| ber of shares of stock is: 100 | AND/OR DIRECTORS | | |
| ber of shares of stock is: | AND/OR DIRECTORS | | |
| LE V INITIAL OFFICERS Name and Title: MELVIN | AND/OR DIRECTORS | | |
| E V INITIAL OFFICERS Name and Title: MELVIN | S. GUIDO, PRES 4TH ST APT 3 | Name and Title: | |
| LE V INITIAL OFFICERS Name and Title: MELVIN Address 1261 SW | S. GUIDO, PRES 4TH ST APT 3 | Name and Title: | |
| LE V INITIAL OFFICERS Name and Title: MELVIN Address 1261 SW | S. GUIDO, PRES 4TH ST APT 3 | Name and Title:Address: | |
| Name and Title: MELVIN Address 1261 SW MIAMI, F | S. GUIDO, PRES 4TH ST APT 3 L 33135 | Name and Title:Address: | |
| Name and Title: MIAMI, F Name and Title: MIAMI, F | S. GUIDO, PRES 4TH ST APT 3 L 33135 | Name and Title: Address: Name and Title: | |
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| Name and Title: | Name and Title: |
|---|---|
| Address | Address: |
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| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acception of the street address) Name: | Apt 3 |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | 1 |
| Name: WENT S. CTU | <u>la</u> |
| Address: $1261SN4795$ | LApt 3 335 |
| 1.V. 1. (26 V + 1 + · · · · · · · · · · · · · · · · · | 1 |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific an filing.) | 3 202 (OPTIONAL) ad cannot be more than five days prior or 90 days after the |
| - | oplicable statutory filing requirements, this date will not be listed as records. |
| Having been named as registered agent to accept service of p certificate, I am familiar with and accept the appointment as | process for the above stated corporation at the place designated in this segistered agent and agree to act in this capacity |
| Direct | 05/13/2021 |
| Required Signature/Registered Ag | gent Date |
| I submit this document and affirm that the facts stated her document to the Department of State constitutes a third degr | rein are true. I am aware that the false information submitted in a ree felony as provided for in s.817.155, F.S. |
| X) ve \ | 05/13/2021 |
| Required Signature/Incorporator | Date I I |