Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000205120 3)))



H210002051203ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 J & V TRUCK CORPORATION

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

Electronic Filing Menu

Corporate Filing Menu

Help

(H210002051203)

COVER LETTER

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

SUBJECT:	J & V TRUCK CORPORATION			
	(PROPOSED CORPORA	TE NAME - MUST INCL	JDE SUFFIX)	
Enclosed are an or	iginal and one (1) copy of the art	ticles of incorporation and	a check for:	
X \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy	& Certificate o Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	First Name: JOSMAR (two)	Last Names: Valdes (Printed or typed)	Garcia	
_	9910 NICARAGUA DR	Address		
	CUTLER BAY, FL 33189	Address		
_	786-815-5446	, State & Zip		
_	Daytime JOSMARVALDES1976@YA	Telephone number HOO.COM		
_	E-mail address: (to be us	ed for future annual report	notification)	

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

3058875844 p.3 (H210002051203)

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

CLE I NAME ame of the corporat	tion shall be: J & V TRUC	K CORPORATION	
<i>TICLE II PRINC</i> 10 NICARAGU <i>I</i>	Principal street address	Mailing address, if differences	ent is:
	. 33189	CUTLER BAY, FL 33189	
TICLE III PURPO			
e purpose for which t	he corporation is organized is:		
NY AND ALL LA	AWFUL BUSINESS		
		·	
e number of shares of	stock is: 100		
Name and Titl	stock is: 100 41. OFFICERS AND/OR DIRECTORS c: JOSMAR VALDES GARCIA, P		
e number of shares of	stock is: 100 AL OFFICERS AND/OR DIRECTORS c: JOSMAR VALDES GARCIA, P 9910 NICARAGUA DR	Address:	
e number of shares of RTICLE V INITA Name and Titl	stock is: 100 41. OFFICERS AND/OR DIRECTORS c: JOSMAR VALDES GARCIA, P		
e number of shares of RTICLE V INITA Name and Titl	stock is: 100 AL OFFICERS AND/OR DIRECTORS c: JOSMAR VALDES GARCIA, P 9910 NICARAGUA DR	Address:	
RTICLE V INITIA Name and Titl Address	stock is: 100 4L OFFICERS AND/OR DIRECTORS c: JOSMAR VALDES GARCIA, P 9910 NICARAGUA DR CUTLER BAY, FL 33189	Address:	
RTICLE V INTIL Name and Titl Address Name and Title	stock is: 100 AL OFFICERS AND/OR DIRECTORS c: JOSMAR VALDES GARCIA, P 9910 NICARAGUA DR CUTLER BAY, FL 33189		
RTICLE V INITIA Name and Titl Address	stock is: 100 4L OFFICERS AND/OR DIRECTORS c: JOSMAR VALDES GARCIA, P 9910 NICARAGUA DR CUTLER BAY, FL 33189		
RTICLE V INTIL Name and Titl Address Name and Title	stock is: 100 AL OFFICERS AND/OR DIRECTORS c: JOSMAR VALDES GARCIA, P 9910 NICARAGUA DR CUTLER BAY, FL 33189		
RTICLE V INTIL Name and Titl Address Name and Title	Stock is: 100 AL OFFICERS AND/OR DIRECTORS C: JOSMAR VALDES GARCIA, P 9910 NICARAGUA DR CUTLER BAY, FL 33189		
Name and Title Name and Title Address Name and Title	Stock is: 100 41. OFFICERS AND/OR DIRECTORS c: JOSMAR VALDES GARCIA, P 9910 NICARAGUA DR CUTLER BAY, FL 33189	Address: Name and Title: Address:	
Name and Title Name and Title Address Name and Title	Stock is: 100 AL OFFICERS AND/OR DIRECTORS C: JOSMAR VALDES GARCIA, P 9910 NICARAGUA DR CUTLER BAY, FL 33189		

viay 21 2021 4:26pm Three_K	3058875844 p.4 (H210002051203
<pre> </pre> <pre> <pre> </pre> <pre> </pre></pre>	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable Name: 9910 Nicaragua Lutter Bay, FL 3	of the registered agent is: DACIG DR 3189
ARTICLE VII INCORPORATOR	
Name: JOSMAD VALOES Address: JOSMAD VALOES Address: Address: Address: Seffective date, if other than the date of filing: (If an effective date is listed, the date must be specific and can filing.)	Sarcia L. (OPTIONAL) nnot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the application the document's effective date on the Department of State's record	ble statutory filing requirements, this date will not be listed as ds.
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as registered. Required Signature/Registered Agent	ss for the above stated corporation at the place designated in this stered agent and agree to act in this capacity S 2 2 Date
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree fe	are true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S. Date