	Electronic Filing Cover Sheet ease 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.
	(((H21000226783 3)))
Note: D(O NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
То:	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
а	r the email address for this business entity to be used for future innual report mailings. Enter only one email address please.** mail Address: DOVIS MIGUELL72LEGMAIL COM
60	FLORIDA PROFIT/NON PROFIT CORPORATION

Three K Jun 08 2021 4:10pm

3058875844

p.2

COVER LETTER

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

)RP SUBJECT CORPORATE NAME

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:



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

Jun 08 2021 4:10pm Three_K			3058875844 p.3 (H210002267833)
	ARTICLES OF INCO In compliance with Chapter 607 and		
ARTICLE I NAM The name of the corpor	E EL COLORAO TRA	NSPORTAT	ION CORP
<u>ARTICLE'II PRIN</u>	<u>CIPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if different is:
1780 51ST ST S	W	1780 515	ST ST SW
NAPLES, FL 34	116	NAPLES	S.FL 34116
ARTICLE III PURI The purpose for which			
	LAWFUL BUSINESS		
			·····
		-•	
<u>ARTICLE IV</u> SHAI The number of shares o	f stock is: 100		
	AL OFFICERS AND/OR DIRECTORS		
			ENELSON ACOSTA ALYAREZ, VP 1780–51ST ST SW
Address		-	
	NAPLES, FL. 34116		NAPLES. FL 34116
			e:
Address		Address:	
	·		
Name and Title		Name and Title	
Address		Address:	

Jun 08 2021 4:10pm Three_K		5.4
•	(H210002267*	(EE&
Name and Title:	Name and Title:	
Address	Address:	
<u> </u>		

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:	Doristlerrera
Address:	1780 SK+ST SW
	NUPLES, FL 2416

ARTICLE VII INCORPORATOR

The name and address of the incorporator is: Name: Address:

ARTICLE VIII EFFECTIVE DATE:

<u>Note:</u> If the date inserted in this block does not meet the applicable 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 the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

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.

Required Signature/Incorporator