Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033

: (305)805-3516

ä

Fax Number : (305)887-5844

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FLORIDA PROFIT/NON PROFIT CORPORATION H & M TRUCK XPRESS INC

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Corporate Filing Menu

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(H210013220983)

COVER LETTER

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

SUBJECT:	H & M TRUCK XPRESS INC		
Enclosed are an on	(PROPOSED CORPORAT ginal and one (1) copy of the artic	TE NAME - MUST INCLU	
X \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COF	Y REQUIRED
FROM:	NELSON L. HERNAI	NDEZ Printed or typed)	
521 SW 42ND AVE APT 206			
		idress	
	CORAL GABLES, FL City, S	33134 tate & Zip	
	786-804-9070 Daytime Tel	ephone number	
	ELFACIL110187@GN		
	E-mail address: (to be used to	or future annual report not	ification)

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

(H212003220983)

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

ARTICLE I NAM The name of the corpor	<u>E</u> ation shall be: <u>H & M TRUC</u>	K XPRESS INC	
ARTICLE II PRIN		Mailing address, if diffe	rrent is:
521 SW 42N	DAVE APT 206	521 SW 42ND AVE A	
	BLES, FL 33134	CORAL GABLES, FI	
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:		
ANY AND A	LL LAWFUL BUSINES	S	
			<u> </u>
			9) C
			ر الم
RTICLE IV SHAR he number of shares of	ES Stock is: 100		דז
	LOFFICERS AND/OR DIRECTORS ENELSON L. HERNANDEZ, PRI 521 SW 42ND AVE APT 206	Name and Title:	
	CORAL GABLES, FL 33134		
Name and Title:		Name and Title:	<u> </u>
Address			
		Name and Title:	
Address		Address:	
-			
-			

2001 AHG 27 BM 9: 0

7 2021 2:50pm	Three_K	30588758	•	
Name a	nd Title:	Name and Title:	(H210003220	98
Addres	ss	Address:		
ARTICLE VI	REGISTERED AGENT			
The name and I	lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:		
Name:	NEISON L. HECAGAG	Jez -		
Address:	521 SW 42nd Ave +	1pt 206		
	Coral Gables Pl 3-	3134	2021 SE	
<u>AR</u> TICLE VII	INCORPORATOR	, o ,	SECKETAKY OF STATI	
	ddress of the Incorporator is:		27 AHA AHA 15	, .
Name:	NOISON L HERMAN	115	\SS() ₹)*)*
	221 SIN 112 of Am	10,001	in o	(
Address:	DE SIL TENDETT	W1200		•
	wandad, H.	3194	m	
ARTICLE VIII	EFFECTIVE DATE:	7 (
Effective date, if (If an effective of	other than the date of filing:	(OPTIONAL)) vion on 00 dose estas al	
filing.)	,	move of more diam five days pr	riot of 50 days after the	
Note: If the date	inserted in this block does not meet the applical	ole statutory filing requirements	s, this date will not be listed as	
the document's e	ffective date on the Department of State's record	ls.		
Having been nam	ned as registered agent to accept service of process	s for the above stated corporatio	on at the place designated in this	
cerpycuie, 1 am j	amiliar with and accept the appointment as regis	tered agent and agree to act in t	this capacity	
(X)	Required Signature/Registered Agent		DIVITA	
	Todansa organisa orcepsacion Agent		Date	

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