Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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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 FERNANDO 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

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(H210003613983)

COVER LETTER

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

SUBJECT: FERNANDO TRUCKING INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation and	a check for:
₹ \$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
	1 1 8 6	2	
.•	Last No	ines	
FROM:	FERNANDO NIEBLAS		
	1401 W 29TH ST LOT	(Printed or typed) C50	
_	A	ddress	
	HIALEAH, FL 33012		
-	239-745-5306 City, S	tate & Zip	
**************************************	Daytime Tel FERNANDONIEBLAS2	ephone number 8@GMAIL.COM	
	E-mail address: (to be used f	or future annual report no	tification)

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

(H21000 3613983)

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

Principal Street address 1401 W. 29TH ST LOT C50	Mailing address, if different is: 1401 W. 29TH ST LOT C50
HALEAH, FL 33012	HIALEAH, FL 33012
PTICLE III PURPOSE e purpose for which the corporation is organized is:	
	THE STATE OF S
TICLE IV SHARES	
number of shares of stock is: 100	
ICLE V INITIAL OFFICERS AND/OR DIRECTORS	s m
Name and Title: FERNANDO NIEBLAS DE LEC	DN, P Name and Title:
Address 1401 W 29TH ST LOT C50	Address:
HIALEAH, FL 33012	
	,
Name and Title:	Name and Title
Address	Name and Title:
	Address:
Name and Title:	Name and Title:

27 2 021 4:44pm Three_K	30588	
Name and Title:	Name and Title:	(H2100036139)
Address	Address:	
ADTTOLETA DEGREEN		
ARTICLE VI REGISTERED AGENT The name and Florida street address (R.O. Dear NO.	T	
The name and Florida street address (P.O. Box NO	1 acceptable) of the registered agent is:	
Name: TEXTUDO	licholas de Leon	
Address: 1401 VI 29143	Stlot C50	
Hallah Fl	_33012	6.7
ARTICLE VII INCORPORATOR		2001 SEP 27 SECREPTALLAND
The name and address of the Incorporator is:	N le I t X 1	1 - N
Name: ternando	Nielolas Deleon	
Address: 40 N 29Th	St 10+ 0 50	MAR STAT
Address: I Colonal Ti	7 0 00	17 ST 9.
Malay, M	33012	FAE 5
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	127/2021	
(If an effective date is listed, the date must be spec	iffe and cannot be more than five da	IAL) VS prior or 90 days after the
filing.)	,	30 prior of 50 days after the
Note: If the date inserted in this block does not meet the document's effective date on the Department of S	the applicable statutory filing requiren	nents, this date will not be listed as
and document 3 effective date on the Department of S	tate's records.	
Having been named as registered agent to accept servi	ce of process for the above stated corpo	ration at the place designated in this
certificate, I am familiar with and accept the appointm	nent as registered agent and agree to ac	t In this capacity
		1912712021
Required Signature/Register	red Agent	Date
I submit this document and affirm that the facts state	ed herein are true. I am aware that th	ne false information submitted in a
document to the Department of State constitutes a third	d degree felony as provided for in s.817.	.155, F.S.
(A)		1741/1/2021
Required Signature/Incorporator		Date