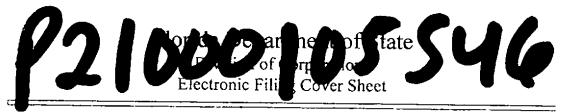
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From:	Account Name : THREE K FAST CARRIER SERVICES Account Number : 120180000033 Phone : (305)805-3516 Fax Number : (305)887-5844	ING :	PH 12: 43

Enter the email address for this business entity to be used for future annual report mailings. Enter only_one email address please.

Email Address: Jean Ralekte Egmals Com

FLORIDA PROFIT/NON PROFIT CORPORATION - JR 21 TRUCKING INC

الرسيس مواد أراز والمستعمر والروازيين والرواز والمستعمر والرواز والمستعمر والروازين والمستعمر والمرازين والمستعمر	
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SUBJECT:		Trucking Inc	
	(PROPOSED C	CORPORATE NAME - MUST INCLUDE SUFFIX)	
Enclosed are an	original and one (1) copy	of the articles of incorporation and a check for:	
_			

• (-,	- the second the secon	a a oneok for.
\$70.00	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

FROM: Jean R. Alerte
Name (Printed or typed)
5766 Ithaca Cir E.
Address
Lake Worth FL 33463
City, State & Zip
561) 633-9223
Daytime Telephone number
steanRaleRteagmail com
E-mail address: (to be used for future annual report notification)

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

2021 12:49pm Three_K		3058875844 //	p.3
ARTICLE I NAME The name of the corporation	ARTICLES OF INC	ORPORATION d/or Chapter 621, F.S. (Profit)	121000466356. 9 10C.
ARTICLE II PRINCIPA	AL OFFICE	(
	ncipal street address NACA CIRE. 1. FL 33463	5766 IH Lake Mo	eth F1. 33463
ARTICLE III PURPOSE The purpose for which the o	orporation is organized is:		· · · · · · · · · · · · · · · · · · ·
HM and	Call Lawfort	BUSINESS	\
ARTICLE IV SHARES The number of shares of stock	c is:[00]		
Name and Title:	FFICERS AND/OR DIRECTORS CAN Q. ALPRIF DIP	Name and Title:	
Address 5		Address:	F 2
<u>La</u> 3:	ake Mbath FC	·	DEC 2
, <u>.</u> _	<u> </u>		
			
Address		Address:	5 5 -
Name and Title:		Name and Title:	
			

Name and Title:	Name and Title: (#1200046635
Address	Address:
•	
ARTICLE VI REGISTERED AGENT The name and Flurida street address (P.O. Pou NOT a	
The name and Florida street address (P.O. Box NOT a	icceptable) of the registered agent is:
Address: 57/6/2 TT/2000	a Cill F
Lake Worth F	1 22462
	<u> </u>
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: JEAN K, MER	it it
Address: 5/06/1/00	a Cirt.
Lake Worth,	11.33463
ARTICLE VIII EFFECTIVE DATE:	22 21
Effective date, if other than the date of filing:	(OPTIONAL) c and cannot be more than five days prior or 90 days after the
filling.)	and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the the document's effective date on the Department of State	e applicable statutory filing requirements, this date will not be listed as
	e s records.
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment	of process for the above stated corporation at the place designated in this
	12-23-21
Required Signature/Registered	Agent Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a third a	herein are true. I am aware that the false information submitted in a
Suite consumers a truta a	
Required Signature/Incorporator	$\frac{2-23-21}{2}$
1	