P220000000611

| (Re | questors Name) | |
|-------------------------|-------------------|-------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| · | · | |
| /Cit | y/State/Zip/Phone | e #fl |
| 101 | yrotaterzipii nom | . n) |
| ☐ PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| \ | | |
| Certified Copies | Certificates | of Statue |
| Certified Copies | _ Certificates | or Status |
| | | |
| Special Instructions to | Filing Officer | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | <u> </u> | |
| | | |

Office Use Only



300378019973

2022 Jan +5 F 1 2: 1 n

01/06/22--01001--022 **78.75

D. O'KEEFE

JAN - 5 2022

.

COVER LETTER

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

| SUBJECT: | A & K HAULING EXPRESS INC | | | | |
|-------------------------|---|---|--|--|--|
| | (PROPOSED CORPOR | ATE NAME - MUST INCL | UDE SUFFIX) | | |
| Enclosed are an orig | ginal and one (1) copy of the ar | ticles of incorporation and | d a check for: | | |
| □ \$70.00 Filing Fee | ☑ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | |
| FROM: <u>AN</u> | ITHONY MORRIS | e (Printed or typed) | | | |
| 235 | 51 W ATLANTIC BLVD, #6 | | | | |
| PC | MPANO BEACH, FL 3306 City | 9 , State & Zip | <u>.</u> | | |
| 954 | 1-669-9301 Daytime 1 | Telephone number | | | |
| theo | destoryer83@gmail.com E-mail address: (to be use | d for future annual report n | otification) | | |

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

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

| t is: |
|---------------|
| |
| |
| |
| |
| |
| |
| |
| 2022 Jr |
| <u>ر</u> ا |
| .;; |
| .:- |
| |
| |
| |
| |
| |
| |
| |

| Name ar | nd Title: | Name and Title: | |
|---|--|--|--------|
| Addres | | | |
| | | | |
| ARTICLE VI The name and F | <u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable) |) of the maximum t | |
| Name: | ANTHONY MORRIS | for the registered agent is: | |
| Address: | 2351 W ATLANTIC BLVD, #667653 | _ | |
| | POMPANO BEACH, FL 33069 | | |
| <u>ARTICLE VII</u> | <u>INCORPORATOR</u> | 2022 Jk., -5 | |
| The name and ac | Idress of the Incorporator is: | | |
| Name: | ANTHONY MORRIS | · | |
| Address: | 2351 W ATLANTIC BLVD, #667653 | — ———————————————————————————————————— | |
| | POMPANO BEACH, FL 33069 | — · · · · · · · · · · · · · · · · · · · | |
| Effective date, if (If an effective d filing.) Note: If the date | | not be more than five days prior or 90 days after the | d as |
| Having been nam certificate, I am fa | ed as registered agent to accept service of process amiliar with and accept the appointment as regist | for the above stated corporation at the place designated in tered agent and agree to act in this capacity 01/05/22 | n this |
| | Required Signature/Registered Agent | Date | _ |
| I submit this doci document to the E | unent and affirm that the facts stated herein ar Department of State constitutes a third degree felo | re true. I am aware that the false information submitted ony as provided for in s.817.155, F.S. | in a |
| Required Signatur | re/Incorporator | | |

i i

•

-