

P2200000 3829

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6391

From:

Account Name : THREE K FAST CARRIER SERVICES INC  
Account Number : I20180000033  
Phone : (305) 805-3516  
Fax Number : (305) 887-5844

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JAN 19 PM 4:41

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Gaberiivera73@yahoo.ca

FLORIDA PROFIT/NON PROFIT CORPORATION  
K G L TRANSPORT INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

(4220000249953)

• **COVER LETTER**

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

**SUBJECT: K G L TRANSPORT INC**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: GABRIEL RIVERA**  
Name (Printed or typed)

**6151 W 24TH AVE #110**

Address

**HIALEAH, FL 33016**

City, State & Zip

**909-462-5376**

Daytime Telephone number

**GABERIVERA73@YAHOO.COM**

E-mail address: (to be used for future annual report notification)

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

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: **K G L TRANSPORT INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**6151 W 24TH AVE #110  
HIALEAH, FL 33016**

Mailing address, if different is:

**1351 N ARROWHEAD AVE #9  
SN BERNRDNO, CA 92405**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **GABRIEL RIVERA, PRES** Name and Title:

Address **6151 W 24TH AVE #110** Address:  
**HIALEAH, FL 33016**

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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TALLAHASSEE, FLORIDA

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: Gabriel Rivera  
Address: 6151 W 24<sup>th</sup> Ave #110  
Hialeah, FL 33016

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Gabriel Rivera  
Address: 6151 W 24<sup>th</sup> Ave #110  
Hialeah, FL 33016

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**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 01/19/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** 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

(X) Gabriel Rivera  
Required Signature/Registered Agent

1/19/22  
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.

(X) Gabriel Rivera  
Required Signature/Incorporator

1/19/22  
Date