Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

: (850)617-6381

From:

: THREE K FAST CARRIER SERVICES INC Account Name

Account Number : 120180000033 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

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

Corporate Filing Menu

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COVER LETTER

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

SUBJECT:	ROXYANDEL TRUCKING INC (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIN)						
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:							
X S70.00 Filing Fee	S78.75 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:	FIRST NAME: YANEO (2) LAST NAMES: OLIVERA LOACES				
-	Name (Printed or typed)				
	7810 W 28TH AVE APT 103				
	Address				
	HIALEAH, FL 33018				
	City, State & Zip				
	786-380-3381				
	Daytime Telephone number				
	YANIOOLIVERA89@GMAIL.COM				
-	F-mail arbitress: (to be used for byture annual report notification)				

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)

ne name of the corporat	ion shall be: ROXYANDEL TRUC	italio iito	·	
RTICLE II PRINC	TPAL OFFICE Principal street address	Mailing address, if	different is:	
		-		
7810 W 28TH AVE APT 103		7810 W 28TH AVE		
HIALEAH, FL 330	18	HIALEAH, FL 3301	8 	
ARTICLE III PURPO The purpose for which the	OSE ne corporation is organized is:			
	WFUL BUSINESS			
		· · · · · · · · · · · · · · · · ·		
	·····			
	······································			
ARTICLE IV SHARE The number of shares of	ES stock is: 100			
	100			
RTICLE V INTLA	L OFFICERS AND/OR DIRECTORS			
Name and Title	YANEO OLIVERA LOACES, P	Name and Title:	SE SE	2
Address	7810 W 28TH AVE APT 103	Address:	CREATE AND A	: -
	HIALEAH, FL 33018		HAS:	
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Name and Title:		Name and Title:		
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		Name and Title:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Name and Title;		Name and Title:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

27 2022 1:40pm	Three_K	30	58875844		p.4
Name ar	nd Title:	Name and Title: $\frac{1}{2}$	4220		5812
Addres	· .	Address:			
		· ————————————————————————————————————			
	·				
	. •				
	REGISTERED AGENT				
Name:	Janeo Olivera Li	able) of the registered agent.	is:		
Address:	1810W 28th Ave	Apt 103			
	Hialeah, Fl 330	18		7/	~
ARTICLE VII	INCORPORATOR			SECRI	NA 220 AN
The name and a	idress of the Incorporator is:			TAR	2
Name:	Yaneo Olivera L	<u>vales</u>		1.33 10 A	
Address:	7810 W. 28th AV	<u>e Apt 103</u>		SI'A	A □ □ 32
	Hialeah, FL 3?	<u>301</u> 8		40H	32
ARTICLE VIII Effective date, if	EFFECTIVE DATE: 01-27	-2023 ₀₀₇	IONAL)		
(If an effective of filing.)	ate is listed, the date must be specific and	cannot be more than five	days prior	or 90 days afi	er the
Note: If the date the document's e	inserted in this block does not meet the appl ffective date on the Department of State's rea	icable statutory filing requ cords.	irements, thi	is date will not	be listed as
Having been nam certificate. I am f	ned as registered agent to accept service of pro amiliar with and accept the appointment as ro	ocess for the above stated ca egistered agent and agree t	erporation at	the place design	gnated in this
(A) Came		gamer on agent aris agree a		01-27-	2023
	Required Signature/Registered Agen	ut	_	Date	
I submit this doc document to the l	ument and affirm that the facts stated herei Department of State constitutes a third degree	in are true. I am aware the	at the false i	information su S	bmitted in a
(A) Chair	<i>y</i>	James of the property of the St.			-202
Required Signatu	re/Incorporator		Date -		