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Phone

: (305)805-3516

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

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FLORIDA PROFIT/NON PROFIT CORPORATION VGJL TRUCKING INC

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COVER LETTER

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

SUBJECT:	VGJL TRUC	CKING INC TENAME - MUST INCL	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the arti	icles of incorporation and	la check for:		
X \$70.0 Filing Fe		S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	28	
FROM:		ist Names: JAIME LE	ON	. Energy of State	
	Name 5000 E 9TH AVENUE	(Printed or typed)		18.30 J	
	HIALEAH, FL 33013	ddress		9.37 TATE Semi-	
	786-712-4820	State & Zip			
Daytime Telephone number vicentejaime1964@gmail.com					
	E-mail address: (to be used	for future annual report n	otification)		

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

975844 p.3 (H22000451/03)

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

	VCIPAL OFFICE Principal street address	Mailing address, if different is:	
5000 E 9TH L	N	5000 E 9TH LN	
HIALEAH, F		HIALEAH, FL 33013	_
ARTICLE III PUR The purpose for which	POSE h the corporation is organized is:		
			-
			_
.,,			
			_ ~
ARTICLE IV SHA The number of shares of	<u>RES</u> of stock is: 100	S. C.	1922 F
	AL OFFICERS AND/OR DIRECTOR	ं चुंचे । इ.स. १९८० के स्टब्स्ट्रेस	FEB -3
		P Name and Title:	ω . • <u>•</u> •
Address	5000 E 9TH Lane	Address:	
	Hialeah, FL 33013		3.7
Name and Title		Name and Title:	
Name and Title Address			
	:		
Address			

Feb 03 2022 12:44pm	Three_K	3	058875844 (4) 227	p.4
Name an	d Title:	Name and Title	(1)00W	ω_{4} // ω_{3})
Address		Address:		
				···-
				
				
	•			
ARTICLE VI I	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable) of	the registered ages	nt is:	
Name:	Vicerite G. Jaime L	EUN		
Address:	Dille of the Line			
	HIGIERAN FL 3301	3		
				
<u>ARTICLE VII I</u>	NCORPORATOR			
The name and add	tress of the incorporator is:	1 00	١	
Name:	Vicente G. Jaime	: Leon)	
Address:	5000 F. 9th LN			· 20
	Higheria P1 33/	\i \		%
		16 _)		- B
ARTICLE VIII	EFFECTIVE DATE:	77		語がら
	ther than the date of filing:	. (OP	TIONAL)	ing ₹ W
filing.)	to to be specific and cannot	ое шоге (пан пу	e days prior or 90	day after the
Note: If the date i	nserted in this block does not meet the applicable st	atutory filing red	uirements this date	e will not be lieted as
the document's eff	ective date on the Department of State's records.	,	,,	"In not be listed as
Having been name	d as registered agent to accept service of process for	the above stated a	romanation at the	Jan. J. J
certificate, I am far	niliar with and accept the appointment as registered	agent and agree	to act in this capac	ity
(A)	2		2	3/2022
	Required Signature/Registered Agent			Date
I submit this docum	ment and affirm that the facts stated herein are tri	ie. I am aware ti	hat the false inform	nation submitted in a
avcument to the De	partment of State constitutes a third degree felony a	s provided for in	s.817.155, F.S.	' I
Required Signature	Ancompressor		2	3/2022
Section of Signature	Amour portator		Date)