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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033

Phone : (305)805-3516

: (305)887-5844

Fax Number nter 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 TORRES DELIVERY SERVICES INC

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COVER LETTER

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

SUBJECT: TORRES DELIVERY SERVICES INC				
<u></u>	(PROPOSED CORPOR	TE NAME – MUST INCL	UDE SUFFIX)	
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	d a check for:	
X \$70.00 Filing Fe	Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
	RST NAME: YOEL (2) LAST NA Name (Pr	MES: CARDENTEY TO	2022 HAR 28	77
M	Adda IAMI, FL 33165	ess	P	FILED
78	City, Star 36-395-8399	e & Zip	1 6: 22	
Y	Daytime Telep DELTORRES17947@YAHOO.C			
	E-mail address: (to be used for	future annual report notifi	cation)	

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)

The name of the corpo	ration shall be: TORRES DELI	VERY SERVICES	INC
ARTICLE II PRI	NCIPAL OFFICE Principal <u>street</u> address	Mailing add	dress, if different is:
10323 SW 24TH ST APT 103 MIAMI,FL 33165		10323 SW 24TH ST APT 103 MIAMI,FL 33165	
ARTICLE III PUR	POSE at the corporation is organized is:		
	LL LAWFUL BUSINESS		
			2022 HAR
ARTICLE IV SHAR The number of shares of	<u>RES</u> I stock is: <u>100</u>		AR 28
	al OFFICERS AND/OR DIRECTORS c:Yoel Cardentey Torres, P	No. (Trial	R O
Address	10323 SW 24th ST Apt 103		
	Miami, FL 33165		1
Name and Title	:	Name and Title:	
Address		Address:	
Name and Title	·	Name and Title:	
Address		Address:	

Name and Title:	Name and Title:
Address	Address:
<u></u>	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent in
	Me registered agent is:
Address: 10323 SW 24th ST AD	
Miami, FL 33/65	103
• • • • • • • • • • • • • • • • • • • •	R 28
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	MPS B. 2
Name: YOU CUITEUTO	mes 52
Address: 10323 SW 24M ST APA	- 103
MIAMI, FL 33169	5
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 03-28-20 (If an effective date is listed, the date must be specific and cannot filing.))22. (OPTIONAL) be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the applicable st the document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered	the above stated corporation at the place designated in this agent and agree to act in this capacity
(M)	03-28-2022
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are tradocument to the Department of State constitutes a third degree felony a	ue. I am aware that the false information submitted in a is provided for in s.817.155, F.S.
	03-28-2022
Required Signature/Incorporator	Date