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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

Fax Number : (305)887-5844

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## FLORIDA PROFIT/NON PROFIT CORPORATION CHARLY TRUCK TRANS INC

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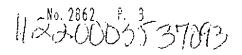


## COVER LETTER

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

nclosed are an c	niginal and one (1) copy of the ar	ATE NAME - MUST INCL.	
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FROM:	First Name: CARLOS Middle Initial: M. (2) Last Names: BALSA PE Nam 2260 W 55TH ST APT 7	REZ to (Printed or typed)	
Address HIALEAH,FL 33016			
-	786-356-3962	, State & Zip	
-	Daytine CHARLYTRUCK2312@GM	Telephone number	<del>.</del>

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)

ICLE II PRINC	TPAL OFFICE Principal street address	Ma	ding address, if different is:
60 W 55TH S		2260 W 55T	_
ALEAH, FL 33	016	HIALEAH E	L 33016
ICLE III PURPO	OSE the corporation is organized is:		
· ·	AWFUL BUSINESS		
	• • • • • • • • • • • • • • • •		
TCLE IV SHAR mumber of shares of	<i>ES</i> stock is: 1 <u>00</u>		
uumber of shares of	stock is: 1 <u>00</u>		
number of shares of	stock is: 1 <u>00</u>	Name and Title:	
number of shares of	stock is: 1 <u>00</u> M. OFFICERS AND/OR DIRECTORS  CARLOS M BALSA PEREZ, P	·	
number of shares of TICLE V INITE Name and Titl	stock is: 100  M. OFFICERS AND/OR DIRECTORS CARLOS M BALSA PEREZ, P  2260 W 55TH ST APT 7	Address:	
number of shares of TICLE V INITE Name and Titl	stock is: 1 <u>00</u> M. OFFICERS AND/OR DIRECTORS  CARLOS M BALSA PEREZ, P	Address:	
number of shares of TICLE V INITE Name and Titl	stock is: 100  AL OFFICERS AND/OR DIRECTORS  CARLOS M BALSA PEREZ, P  2260 W 55TH ST APT 7  HIALEAH, FL 33016	Address:	
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Name and Title  Name and Title  Address	stock is: 100  AL OFFICERS AND/OR DIRECTORS  CARLOS M BALSA PEREZ, P  2260 W 55TH ST APT 7  HIALEAH, FL 33016	Name and Title:	

• Oct: 14. 2022 1:59PM		H2200286355141093
Name and Title:	Name and Titl	e:
Address	Address:	
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The pages and Florida AGENT		
The name and Florida street address (P.O. Box NOT acceptable	e) of the registered ago	ent is:
Name: <u>Larios M. Dalsa Pe</u>	erez	
Address: adlo W. bb" St A	0t 7	
HIDPON FL 32016	f	
41.11.1010	<u>.</u>	
ARTICLE VIL INCORPORATOR		
The name and address of the Incorporator is:		
Marias AA Balaa	Doron	
Name: TURIOS IVI. DUISU	EL BZ	
Address: dx60 W 55 n 51	APT'	5.5
Hialeah Fl. 331	116	-:
+	<u> </u>	<u> </u>
ARTICLE VIII EFFECTIVE DATE:	1000	<u>-</u>
Effective date, if other than the date of liting:	<u>0'22</u> (OP	
(If an effective date is listed, the date must be specific and can filing.)	not be more than fi	ve days prior or 90 days after the
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Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appainment as registered.	for the above stated	corporation at the place designated in this
certificate, I am familiar with and accept the appointment as regist	ered agent and agree	to act in this capacity
6 9 de		1011412022
Required Signature/Registered Agent	_	Date
I submit this document and affirm that the facts stated herein and document to the Department of State constitutes a third degree felo-	e true. I am aware t	hat the false information submitted in a
( ) [ ]	ny as provided for in	s.817.155, F.S.
Required Signature/Incorporator	,	10/14/2022
	<b>_</b> _	Date — ———