## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11230000813103)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : 120180000033

: (305)805-3516

Fax Number

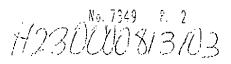
: (305)887-5844

\*\*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 ARD FAMILY TRUCK CORP

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

362

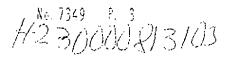


## COVER LETTER

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

SUBJECT: A	(PROPOSED CORPOR	K CORP atename - <u>must incl</u>	UDE SUFFEN)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	da check for:
( <b>X</b> S70.00 Filing Fee	E) \$78,75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

FROM:	ADRIAN REY	
	Name (Printed or typed)	<del></del>
	9015 SW 125TH AVE APT N207	
	MIAMI, FL 33186	
	City, State & Zip	<del>.</del> .
	786-702-0133	7- 1
	Daytime Telephone number	•
	ADRIAN1095REY@GMAIL.COM	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report nutification)	- II.
	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)

TICLE [ N.4.] name of the corp	dE ARD FAMILY Oration shall be: ARD FAMILY	TRUCK CORP	
	NCIPAL OFFICE Principal street address		s, if different is:
) <u>15 SW 1</u> IAMI, FL	25TH AVE APT N207	9015 SW 125TI MIAMI, FL 3318	H AVE APT N2
,		·	
purpose for which	POSE In the corporation is organized is:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
NY AND	ALL LAWFUL BUSINES	<u> </u>	
·······			
	<del></del>		
		<u></u>	
ICLE V INIT		Name and Title	***************************************
	APT N207		
	MIAMI, FL 33186		
Name and Titl	e	Name and Title:	<u> </u>
Address		Address:	<u>.</u> <u>π</u>
Name and Titl	e:e	Name and Title	1.2
Address		Address:	

Name and Title:	Name and Title:
Address	Address:
• • • • • • • • • • • • • • • • • • • •	
<u></u>	
ARTICLE VI REGISTERED AGENT	
Admini	D. Box NOT acceptable) of the registered agent is:
Name: $\frac{110100}{900}$	125 ru Ave Apt N207
Address: TUS SW MAMMI,	F(. 33186)
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator	·is: ()
Name: Harian	KCY 1 1/2012
Address: 9015 St	N125th Ave Apt N207
Mani	1, FL 33186
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of fili (If an effective date is listed, the date milling.)	ing: 03/02/2023 (OPTIONAL) ust be specific and cannot be more than live days prior or 90 days after the
	es not meet the applicable statutory filing requirements, this date will not be listed as rement of State's records.
Having been named as registered agent to certificate, I am familiar with and accept to	accept service of process for the above stated corporation at the place designated in this he appointment as registered agent and agree to act in this capacity
( del	03/02/2023
,	nuc/Registered Agent Date
I submit this document and affirm that the document to the Department of State const	he facts stated herein are true. I am aware that the false information submitted in a littles a third degree felony as provided for in s.817.155, F.S.
Mal State	03/027/2023
Required Signature/Incorporator	Date - Co
/	