P23000042339

Department of State
Division of Corporations
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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

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

Email Address: MICHELO1Pardo@gmail.com

RECEIVED
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DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

TRUCK STAR XPRESS CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
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H23000198403

COVER LETTER

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

SUBJECT: TRUCK STAR XPRESS CORP
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

X $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

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TALLAHASSEE, FL

FROM: First Name: MICHEL (2) Last Names:PAREDES RUIZ
Name (Printed or typed)

18217 - 92nd Lane North
Address

LOXAHATCHEE, FL 33470
City, State & Zip

561-774-4056
Daytime Telephone number

MICHEL01PAREDES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

H23000175703

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

ARTICLE I NAME
The name of the corporation shall be: TRUCK STAR XPRESS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
18217 - 92ND LANE N
LOXAHATCHEE, FL 33470

Mailing address, if different is:
18217 - 92ND LANE N
LOXAHATCHEE, FL 33470

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michel Paredes Ruiz, P
Address 18217 - 92nd Lane N
Loxahatchee, FL 33470

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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TALLAHASSEE, FL

May. 31. 2023 6:40PM

H23000197403

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michel Paredes Ruiz

Address: 18217 - 92nd Ln N
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michel Paredes Ruiz

Address: 18217 - 92nd Ln N
Loxahatchee, FL 33470

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TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05-31-23 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

(X) _____ Required Signature/Registered Agent

05-31-23 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(X) _____ Required Signature/Incorporator

05-31-23 Date