

Florida Department of State  
**P23000045793**

**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.**

((H23000214386 3)))



H230002143863ABC5

**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 : FASTKIT CORP  
 Account Number : I20100000009  
 Phone : (305)599-0839  
 Fax Number : (305)592-9591

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Liberty Transportation Group, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

RECEIVED

2023 JUN 14 PM 4:42

COMMUNICATIONS  
 COMMERCIAL  
 SERVICES

2023 JUN 14 PM 12:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

23

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: Liberty Transportation Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6505 Collins Rd, Apt 832

Jacksonville, FL 32244

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transportation Services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sindy P. Cardenas, President

Name and Title: \_\_\_\_\_

Address 6505 Collins Rd, Apt 832

Address: \_\_\_\_\_

Jacksonville, FL 32244

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
JUN 14 PM 12:24  
TALLAHASSEE, FL

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: Sindy P. Cardenas  
 Address: 6505 Collins Rd, Apt 832  
Jacksonville, FL 32244

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sindy P. Cardenas  
 Address: 6505 Collins Rd, Apt 832  
Jacksonville, FL 32244

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

\_\_\_\_\_  
 Required Signature/Registered Agent

06/14/2023  
 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.*

\_\_\_\_\_  
 Required Signature/Incorporator

06/14/2023  
 Date

DEPARTMENT OF STATE  
 TALLAHASSEE, FL

2023 JUN 14 PM 12:21

FILED