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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H23000385306 3)))



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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: dayanarome@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
LEON TRUCKING EXPRESS INC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: **LEON TRUCKING EXPRESS INC**
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$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

FROM: **Griselda Romero**
Name (Printed or typed)
10180 NW 133rd St
Address
Hialeah Gardens, FL 33018
City, State & Zip
305-303-5249
Daytime Telephone number
dayanarome@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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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: LEON TRUCKING EXPRESS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10180 NW 133RD ST
HIALEAH GARDENS, FL 33018

10180 NW 133RD ST
HIALEAH GARDENS, FL 33018

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: (P) Griseida Romero Name and Title: _____

Address: 10180 NW 133rd ST Address: _____
Hialeah Gardens, FL 33018

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: GRISEIDA ROMERO
Address: 10180 NW 133RD ST
HIALEAH GARDENS, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GRISEIDA ROMERO
Address: 10180 NW 133RD ST
HIALEAH GARDENS, FL 33018

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11-06-2023 (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 [Signature]
Required Signature/Registered Agent

11-06-2023
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.

x [Signature]
Required Signature/Incorporator

11-06-2023
Date

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TALLAHASSEE FL

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