

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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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

2023 DEC -7 PM 3:47

RECEIVED

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

Email Address: Joraboma@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
JORALOMA TRUCKING INC

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

SECRET

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T.J.H

12/8/23

TL20004184953

COVER LETTER

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

SUBJECT: JORALOMA TRUCKING 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JOSE R. LOPEZ
Name (Printed or typed)
6991 W. 29TH WAY
Address
HIALEAH, FL 33018
City, State & Zip
786-346-8198
Daytime Telephone number
JORALOMA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

ST01
FRI 12 11 2003

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DEC 7 2003

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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: **JORALOMA TRUCKING INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

**6991 W. 29TH WAY
HIALEAH, FL 33018**

Mailing address, if different is:

**6991 W. 29TH WAY
HIALEAH, 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: **JOSE R. LOPEZ, P** Name and Title: _____

Address: **6991 W. 29TH WAY** Address: _____
HIALEAH, 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: **JOSE R. LOPEZ**
Address: **6991 W. 29TH WAY**
HIALEAH, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **JOSE R. LOPEZ**
Address: **6991 W. 29TH ST**
HIALEAH, FL 33018

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: **12/07/2023** (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, the 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 in 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 _____ **12/07/2023**
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted hereon constitutes a third degree felony as provided for in s.817.135, F.S.

X _____ **12/07/2023**
Required Signature/Incorporator Date

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