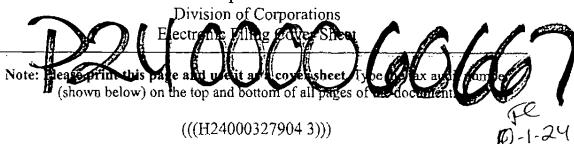
## Florida Department of State





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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. \*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION LILI MILLAN TRUCKING CORP

Certificate of Status	0
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## **COVER LETTER**

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

SUBJECT:	LILI MILLAN T	RUCKING CO			
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	a check for:	_	
X \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	30	along the
FROM: _	First Name: LEANDRO (2) Last Names: FERN		C. F. TATE	PH 3: 39	J
	142 NW 202nd TERE	R APT 104 Address			
	MIAMI GARDENS,		· · · · · · · · · · · · · · · · · · ·		
	786-407-4123	State & Zip			
_	Daytime 1 LEANDROJHL5411	elephone number  @GMAIL.COM			
	E-mail address: (to be use	d for future annual report no	otification)		

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)

The name of the c	SAME orporation shall be: LILI MILLAN	TRUCKING CO	RP		
ARTICLE II PRINCIPAL OFFICE Principal street address 142 NW 202ND TERR APT 104		Mailing address, if different is:  142 NW 202ND TERR APT 104			
MIAMI (	GARDENS, FL 33169	MIAMI GARDENS, FL 33169			
ARTICLE III F The purpose for w ANY AND	PURPOSE  Thich the corporation is organized is:  ALL LAWFUL BUSINESS				
A repulsion described and suffering the					
ARTICLE IV 5 The number of sha			2024 SEP 30	ودي وري	
	<u>NITIAL OFFICERS AND/OR DIRECTORS</u> (P) LEANDRO FERNANDEZ LORENZO	Name and Title:	PH SI		
Address _		Address:	: 39		
•	MIAMI GARDENS, FL 33169	·			
Address _		wodccsz:			
		Name and Title:			
Address _					

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Name a	ad Title:	Name and Title:	
Addres	s	Address:	
The name and F	REGISTERED AGENT Porida atreet address (P.O. Box NO	Facceptable) of the registered agent is:	
Name:	LEANDRO FERNA		
Address:	142 NW 202ND TEI	RR APT 104	
	MIAMI GARDENS	, FL 33169	
ADTICLE VII	N/CORPOR ITOR		
~~	INCORPORATOR		
Name:	ddress of the Incorporator is:  LEANDRO FERN.	ANDEZ LORENZO	
Address:	142 NW 202ND TH	ERR APT 104	
•••	MIAMI GARDEN		
			20
ARTICLE VIII Effective date, if	EFFECTIVE DATE: other than the date of filing: 0!	9-26-2024 (OPTIONAL) ific and cannot be more than five days pri	24 S
(If an effective of filing.)	late is listed, the date must be speci	ific and cannot be more than five days pri	· · · · · · · · · · · · · · · · · · ·
Note: If the date	inserted in this block does not meet	the applicable statutory filing requirements,	
the document's e	ffective date on the Department of S	tate's records.	
Having been name certificate, I am f	ned as registered agent to accept servi amiliar with and accept the appointm	ice of process for the above stated corporation nent as registered agent and agree to act in th	at the place designated in this
<u> </u>	Required Signature/Register		09-26-2024
Lenhouit this And	, ,	ted Agent ted herein are true. I am aware that the fal:	Date
document to the	reportment of State constitutes a thin	ed degree felony as provided for in s.817.155,	r.S.
R)	(A)X		09-26-2024
wedness 218ms/	ter reorporator	Date	

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