

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a coversheet. Type the fax and number (shown below) on the top and bottom of all pages of the document.

((H24000327904 3)))



H240003279043ABC+

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 : 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:

Leandrojhl5477@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION LILI MILLAN TRUCKING CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2024 SEP 30 PM 3:39

RECEIVED

2024 SEP 30 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FL

2

H240003279043

COVER LETTER

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

SUBJECT: **LILI MILLAN TRUCKING CORP**
(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: First Name: **LEANDRO**
(2) Last Names: **FERNANDEZ LORENZO**
Name (Printed or typed)

142 NW 202nd TERR APT 104

Address

MIAMI GARDENS, FL 33169

City, State & Zip

786-407-4123

Daytime Telephone number

LEANDROJHL5411@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

FILED
2024 SEP 30 PM 3:39
STATE
FL

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:

LILI MILLAN TRUCKING CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

142 NW 202ND TERR APT 104

MIAMI GARDENS, FL 33169

Mailing address, if different is:

142 NW 202ND TERR APT 104

MIAMI GARDENS, FL 33169

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) LEANDRO FERNANDEZ LORENZO**

Address: **142 NW 202ND TERR APT 104**

MIAMI GARDENS, FL 33169

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
2024 SEP 30 PM 3:39
CLERK OF DISTRICT COURT
STATE OF FLORIDA

H240003279043

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: LEANDRO FERNANDEZ LORENZO
Address: 142 NW 202ND TERR APT 104
MIAMI GARDENS, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEANDRO FERNANDEZ LORENZO
Address: 142 NW 202ND TERR APT 104
MIAMI GARDENS, FL 33169

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09-26-2024 (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.

(Signature)
Required Signature/Registered Agent

09-26-2024

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.

(Signature)
Required Signature/Incorporator

09-26-2024

Date

H 240003279043