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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:_

FLORIDA PROFIT/NON PROFIT CORPORATION ADG TRUCK EXPRESS INC

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COVER LETTER

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

SUBJECT: ADG TRUCK EXPRESS INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

nclosed are an original and one (1) copy	f the articles of incorporation and	a check for:
¥\$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of St	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

FROM:	ALEX GARCIA		
	Name (Printed or typed)		
	238 109TH ST OCEAN		
	Address		
	MARATHON, FL 33050		
	City, State & Zip		
	305-942-1171		
	Daytime Telephone number		
	OMGAR@YAHOO.COM		
	F-mail address: (to be used for future annual report notification)		

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

#240004024863

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE I NAM ne name of the corporate	oration shall be: ADG TRUCK	EXPRESS INC	
	NCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:	
238 109TF	I ST OCEAN	238 109TH ST OCEAN	
	ON, FL 33050	MARATHON, FL 33050	
RTICLEIII PUR	POSE		
he purpose for whic	h the corporation is organized is:		***
ANY AND	ALL LAWFUL BUSIN	ESS	_
	<u> </u>		
n district of the three of district operations	e um riema, valent materiale umas esperadure este uma qui il di l'el cari muser consumere e	rentento a en el tre laborativo. Il terreto de teles virtues virtues la lebación. Pilego tibbo (gor la labo vietaca	. ~
			_
			_
وهود العارض مخم مميوه وراي بياده بإيداده ه	ما با الله الله الما والمستروم و المراود الما الله الما الما الما الما الما الما	سينجلو بديانها بحاسة منطبي مديه والتناه كالمائية والمهاب والأحران أأثو والمستردة البرانا المائد والمداو الأحامة التامير	
	TIAL OFFICERS AND/OR DIRECTORS itle: (P) ALEX GARCIA	Nome and Title:	2024 8
Address	238 109TH ST OCEA	Non-Address:	
	MARATHON, FL 330	<u> </u>	7
Name and Ti	de:	Name and Title:	
Address		Ci	_
		-	_
			_
			-
Name and Tit	le:	Name and Title:	
Address		Address:	_
			_

H240004024863

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce	mental affeta accisance de accis
A COLOR OF COLOR	public) of the registered agent is:
Name: ALX CIUV CIU	***
Address: 238 109th St ()Aean
Marationa El	22050
INDICITION, IL	
ARTICT FACT THE OPPORTUNIS	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: ALCX (Darci	ι Δ
729 110thc+	$\Delta cooo$
Address: 200 101	DLEU 1
Marathon. F	1 32050
	
ARTICLE VIII EFFECTIVE DATE:	16/011
Effective date, if other than the date of filing:	06/24 (OPTIONAL)
	ed cannot be more than five days prior or 90 days after the
filing.)	
	pplicable 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 p certificate, I am f <u>amilj</u> ar with and accept the appointment a	process for the above stated corporation at the place designated in this s revistored agent and agree to act in this canacity
0 8/0/	17/1
	12/06/24
Required Signature/Registered Ag	gent Date (
	erein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a third degi	ree felony as provided for in s.817.155, F.S.
W A S 2	12/06/24
Required Signature (In) opportator	Date

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