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.

Email Address:

FLORIDA LIMITED LIABILITY CO. GPE TRUCK INC

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COVER LETTER

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

SUBJECT:	(PROPOSED CORPOR	TENAME - MUST INCL	(IDES(IFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	i a check for:
XS70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	First Name: GEOSBA 2) Last Names: PERI Nam 15330 GARFIELD	DIGON PENTON e (Printed or typed)	
	HOMESTEAD, FL	Address	
	City 786-608-9182	State & Zip	
	PGEOSBANI@ICI		
	E-mail address: (to be use	d for future annual report r	otification)

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

GPE TRUCK INC

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

The name of the	c corporation shall be: GPE TR	UCK INC	
ARTICLEII	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:	
15330	GARFIELD DRIVE	15330 GARFIELD DRIV	VE.
	ESTEAD, FL 33033	HOMESTEAD, FL 3303	
ARTICLEIII			
The purpose for	or which the corporation is organized is:		
<u>ANY A</u>	<u>ND ALL LAWFUL BU</u>	ISINESS	
	merupakapan sama maja a ja ang ngangsah kalambapan mbra sampka ng Audha camb sa magin kand 1.5° samb		-
			
distance and any other states of the	e - به المحمد المراجع المحمد المحم	and a design to the compression of the control of t	·**
<u>ARTICLE IY</u>	SHARES shares of stock is: 100		
The number of	shares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS		
Name and Tr	_{tic} (P) Geosbani Perdi <mark>gon Pe</mark> n	ton Name and Title:	
Address	15330 Garfield Drive	Address:	,
	Homestead, FL 33033		
Name and Tit	c:	Name and Title:	
Address			24
		,	::-≺
Name and Tid	le:		
Address		Address:	7: SSS
		6	<u>₹</u> 3∄

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Name a	nd Title:	Name and Title;		
Addres		Address:		
	REGISTERED AGENT Torkida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	GEOSBANI PERDIGON PENTON			
Address:	15330 GARFIELD DRIVE		ુક (25 ડ	
	HOMESTEAD, FL 33033		JAH -	
ARTICLE VII	INCORPORATOR		THE WAY OF	
The name and a	ddress of the Incorporator is:		: SI	
Name:	GEOSBANI PERDIGON PENTON		66 8115	
Address:	15330 GARFIELD DRIVE		7	
	HOMESTEAD, FL 33033			
Effective date, it (If an effective filing.) Note: If the date	EFFECTIVE DATE: fother than the date of filing: 01-02-2025 date is listed, the date must be specific and cannot e inserted in this block does not meet the applicable seffective date on the Department of State's records.			
Having been no	med as registered agent to accept service of process fo familiar with and accept the appointment as registere	d agent and agree to act in this capacity 01-02-2025		
	Required Signature/Registered Agent	Date		
I submit this do document to the	cument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	as provided for in s.817.155, F.S.		
Received Signat	erc/incorporator		5	
- Change or District				