

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

P25000004883

FC
1-30-23

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

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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: andyalbert12@yahoo.com

2025 JAN 29 PM 3:04

ED

FLORIDA PROFIT/NON PROFIT CORPORATION

Albert's Trucking Corp.

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

RECEIVED

2025 JAN 29 PM 2:15

FLORIDA DEPARTMENT OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

D

01/29/25

Company name
corrected.

Pls see
attached.

ty.



January 29, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THREE K FAST CARRIER SERVICES INC

SUBJECT: ANDY TRUCKING CORP
REF: W25000010926

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L22000524365.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Operations Manager A

FAX Aud. #: E25000033354
Letter Number: 525A00001800

COVER LETTER

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

SUBJECT: ALBERT'S 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 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

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

FROM: ALBERT DOMINGUEZ
Name (Printed or typed)
8045 NW 7TH ST APT 404
Address
MIAMI, FL 33126
City, State & Zip
786-960-4980
Daytime Telephone number
ANDYALBERT12@YAHOO.COM
E-mail address: (to be used for future annual report notification)

2005 JUL 29 PM 3:04
STATE
FILE

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

H250000333543

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:

Albert's Trucking Corp.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

8045 NW 7TH ST APT 404
MIAMI, FL 33126

Mailing address, if different is:

8045 NW 7TH ST APT 404
MIAMI, FL 33126

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) ANDY DOMINGUEZ

Address: 8045 NW 7TH ST APT 404
MIAMI, FL 33126

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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H250000333543

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: **ALBERT DOMINGUEZ**
Address: **8045 NW 7TH ST APT 404**
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

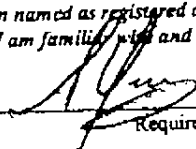
Name: **ALBERT DOMINGUEZ**
Address: **8045 NW 7TH ST APT 404**
MIAMI, FL 33126

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: **01-28-2025** (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

(X)  _____
Required Signature/Registered Agent

01-28-2025
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.

(X)  _____
Required Signature/Incorporator

01-28-2025
Date

H250000333543