

# pa1000058344

Division of Corporations

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

*2nd request:  
sent on  
6/11/21  
PJ*

**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.

(((H21000231544 3)))



H210002315443ABCW

**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: Mateoyadelin2@yahoo.com

### FLORIDA PROFIT/NON PROFIT CORPORATION

### 2 GOGO TRANSPORT INC

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

2021 JUN 21 PM 1:42

*LHC 6/21/22*

Received Fax: Jun 21 2021 8:20am Received by: Three K 850-617-6381 6/21/2021 8:19:18 AM PAGE 17001 Fax Server page.1



June 21, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

THREE K FAST CARRIER SERVICES INC

SUBJECT: GO GO TRANSPORT INC.  
REF: W21000089659

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 L19000261436.

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

Tim Burch  
Senior Section Administrator

FAX Aud. #: H21000231544  
Letter Number: 921A00013891

COVER LETTER

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

SUBJECT: 2 GO GO TRANSPORT INC  
(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: ROBERTO L. VALDES JAIME  
First Name Last Names  
Name (Printed or typed)

2125 OPAL DR  
Address

ORLANDO, FLORIDA 32822  
City, State & Zip

407-456-6442  
Daytime Telephone number

MATEOYADELIN2@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: 2GoGo TRANSPORT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2125 OPAL DR  
ORLANDO, FL 32822

2125 OPAL DR  
ORLANDO, FL 32822

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: Roberto L. Valdes Jaime, Pres Name and Title: \_\_\_\_\_

Address 2125 Opal Ct Address: \_\_\_\_\_  
Orlando, FL 32822 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: Roberto L Valdes Jaime  
 Address: 2125 Opal Dr  
Orlando, FL 32822

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Roberto L Valdes Jaime  
 Address: 2125 Opal Dr  
Orlando, FL 32822

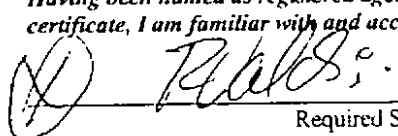
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6/11/21 (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.)

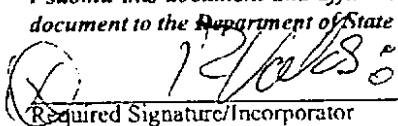
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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:*

  
 Required Signature/Registered Agent

6/11/21  
 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.*

  
 Required Signature/Incorporator

6/11/21  
 Date