

Apr 03 18, 58

4/3/2018

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : 120180000033
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: threekfastcsvc@aol.com

FLORIDA PROFIT/NON PROFIT CORPORATION
CRIVELY TRANSPORT CORP

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

N. SAMS

APR 04 2018

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DIVISION OF CORPORATIONS
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INFORMATION SERVICES

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Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: CRIVELLY TRANSPORT 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: CRIVELLY TRANSPORT CORP

Name (Printed or typed)

2624 NE 21ST CT

Address

CAPE CORAL, FL 33909

City, State & Zip

504-564-8798

Daytime Telephone number

threekfastsvc@aol.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 NAMEThe name of the corporation shall be: CRIVELLY TRANSPORT CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address2624 NE 21ST CTCAPE CORAL, FL 33909

Mailing address, if different is:

2624 NE 21ST CTCAPE CORAL, FL 33909**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Any and all lawful business.

FILED
18 APR -3 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EUCEDA E. CRIVELLY, PRES

Name and Title: _____

Address 2624 NE 21ST CT

Address: _____

CAPE CORAL, FL 33909

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EUCEDA E CRIVELLY
Address: 2624 NE 21ST CT
CAPE CORAL, FL 33909

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: EUCEDA E CRIVELLY
Address: 2624 NE 21ST CT
CAPE CORAL, FL 33909

FILED
18 APR -3 ... 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 4/3/2018 (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

4/3/18

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

4/3/18

Date