

6/5/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P1800050375

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(((H18000170043 3)))



H180001700433ABCY

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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 annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
M O WAYS INC

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

RECEIVED

2018 JUN -5 PM 3:01

DIVISION OF CORPORATIONS
COMMERCIAL
SERVICESSECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN -5 AM 9:28

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Corporate Filing Menu

Help

(H180001700433)

COVER LETTER

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

SUBJECT: M O WAYS 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: ORESTE R CHAVEZ

Name (Printed or typed)

P.O. BOX 402230

Address

MIAMI, FLORIDA 33144

City, State & Zip

786-578-4030

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

(4180001700433)

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

ARTICLE I NAMEThe name of the corporation shall be: M O WAYS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
12249 SW 14TH LANE STE 1409MIAMI, FL 33184

Mailing address, if different is:

P.O. BOX 402230MIAMI, FL 33144**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: ORESTE R CHAVEZ - PAddress: 12249 SW 14TH LANE STE 1409MIAMI, FL 33184

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(H180001900433)

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: ORESTE R CHAVEZ
Address: 12249 SW 14TH LN STE 1409
MIAMI, FL 33184

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

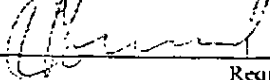
Name: ORESTE R CHAVEZ
Address: 12249 SW 14TH LN STE 1409
MIAMI, FL 33184

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 06-05-2018 (OPTIONAL)

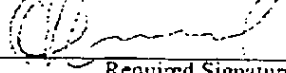
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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:

 _____ 06-05-2018
Required Signature/Registered Agent 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 § 817.155, F.S.

 _____ 06-05-2018
Required Signature/Incorporator Date