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T. SCOTT



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FILED
2018 JUN -7 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: M & T Fastransport, 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 ☐ \$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: Manfre Mula
Name (Printed or typed)
202 W 46 St
Address
Hialeah FL 33012
City, State & Zip
786-580-7995
Daytime Telephone number
manfre840613@gmail.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: M & T Fasttransport, inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

202 W 46 St
Hialeah FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transport of vehicles and
merchandising
transport in general.

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ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Manfred Mila Acosta : and Title: Emilio Tejeda Alvarez

Address: 202 W 46 St Address: 14640 Bull Run Road

Hialeah FL 33012
P

APT 120
Mugu Lakes FL 33012
V

Name and Title: Emilio Tejeda Rodriguez Name and Title: _____

Address: 5851 W 20 Ave Address: _____

Apt - 415
Hialeah FL 33012
S

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:

Manjre Mila Acosta

Address:

202 W 46 St

Hialeah

FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Manjre Mila Acosta

Address:

202 W 46 St

Hialeah

FL 33012

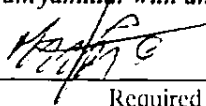
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/6/18 (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

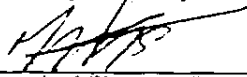


Required Signature/Registered Agent

5/16/2018

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

5/16/2018

Date