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11/12/2

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : I20180000033
Phone : (305)825-3516
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: cesarp1976@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
CESAR P CORP

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

SECRETARY OF STATE
TALLAHASSEE, FL

2018 OCT 15 PM 3:27

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Division of Corporations

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(H180003253243)

COVER LETTER

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

SUBJECT: CESAR P 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: Cesar A. Pacheco Mendez last name
Name (Printed or typed)

357 SE HURON TER
Address

PORT ST LUCIE, FL. 34983
City, State & Zip

754-312-0278
Daytime Telephone number

CESARPI976@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

(H188003253243)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 521, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: CESAR P CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
357 SE HURON TER
PORT ST. LUCIE, FL. 34983

Mailing address, if different is:
357 SE HURON TER
PORT ST. LUCIE, FL. 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: EVERYTHING AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CESAR A PACHECO MENDEZ, PRESIDENT Name and Title: _____

Address: 357 SE HURON TER Address: _____
PORT ST LUCIE, FL. 34983 Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: CESAR A. PACHECO MENDEZ
 Address: 357 SE HURON TER
PORT ST LUCIE, FL 34983

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CESAR A. PACHECO MENDEZ
 Address: 357 SE HURON TER
PORT ST. LUCIE, FL. 34983

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11-15-2018 (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 as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

(Signature) _____ 11-15-2018
 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 s.817.155, F.S.

(Signature) _____ 11-15-2018
 Required Signature/Incorporator Date