

12/19/2018

Division of Corporations

P1800010146

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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)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:

Trinidadmoving@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
TRINIDAD MOVING INC**

Certificate of Status	0
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Estimated Charge	\$70.00

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Corporate Filing Menu

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18 DEC 19 PM 5:10

SECRETARY OF STATE
DIVISION OF CORPORATIONS

(180003593973)

COVER LETTER

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

SUBJECT: TRINIDAD MOVING 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: ORELVIS ^{Last name} AMARO GALLARDO
Name (Printed or typed)

2650 SW 104 CT
Address

MIAMI, FL 33165
City, State & Zip

786-915-0268
Daytime Telephone number

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

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

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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: TRINIDAD MOVING INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

2650 SW 104 CT

MIAMI, FL 33165

Mailing address, if different is:

2650 SW 104 CT

MIAMI, FL 33165

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: ORELVIS AMARO GALLARDO, PRES

Address: 2650 SW 104 CT

MIAMI, FL 33165

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(180003593973)

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: Orelvis Amaro Gallardo
Address: 2650 SW 104th Ct
MIAMI FL 33165

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

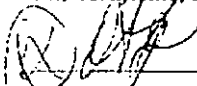
Name: Orelvis Amaro Gallardo
Address: 2650 SW 104th Ct
MIAMI, FL 33165

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 12-19-18 (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.

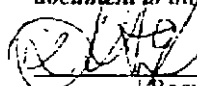
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12-19-18
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

12-19-18
Date