

PIA000020378

Division of Corporations

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 : I20180000033
Phone : (305)805-3516
Fax Number : (305)867-5844

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lwhens050585@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
ALESUZ CORP

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

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: ALESUZ 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: RUBENS AJA SUAREZ

Name (Printed or typed)

14332 SW 177TH TERR

Address

MIAMI, FL 33177

City, State & Zip

786-872-1732

Daytime Telephone number

RUBENS050885@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 NAMEThe name of the corporation shall be: ALESUZ CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address13843 SW 157TH STMIAMI, FL 33177

Mailing address, if different is:

13843 SW 157TH STMIAMI, FL 33177**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: RUBENS AJA SUAREZ, PRESIDENTAddress 13843 SW 157TH STMIAMI, FL 33177

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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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: RUBENS AJA SUAREZ
 Address: 13843 SW 157TH ST
 MIAMI, FL 33177

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RUBENS AJA SUAREZ
 Address: 13843 SW 157TH ST
 MIAMI, FL 33177

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03-11-2019 (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

(X)

Required Signature/Registered Agent

03-11-2019

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.

(2)

Required Signature/Incorporator

03-11-2019

Date