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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: THREE K FAST CARRIER SERVICES INC

Account Number : 120180000033

Phone Fax Number : (305)805-3516 : (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.\*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION U.S.A. WELDING SERVICES CORP

Certificate of Status	0
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## **COVER LETTER**

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

SUBJECT:	WELDING SERVICES CORP		
SUBJECT.	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	final and one (1) copy of the ar	ticles of incorporation an	d a check for:
• • • • • • • • • • • • • • • • • • • •	☐ \$78.75 Filing Fee & Certificate of Status	& Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: AL	Last Name EXEY AGUIAR VALDES Nam	e (Printed or typod)	<del></del>
730	0 WAYNE AVE APT 313		
		Address	
MIA	AMI BEACH, FL 33[4]		
	City	. State & Zip	
786	-251-2345		
	Daytime 1	Telephone number	
ALE	EXEYDEZ@HOTMAIL.COM		
	E-mail address: (10 be use	d for future annual report	notification)

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

(H1900) 264206

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

TICLE II PRINCIPAL OF FICE		
Principal street address 00 WAYNE AVE APT 313	Mailing address, if different is: 7300 WAYNE AVE APT 313	
AMI BEACH, FL 33141	MIAMI BEACH, F	L 33141
TICLE III PURPOSE c purpose for which the corporation is organized is:		
YY AND ALL LAWFUL BUSINESS		
		<u> </u>
		<b>≥</b>
TICLE IV SHARES 100		$\mathcal{M}^{2}$
		( L)
e number of shares of stock is:	<u>.</u>	
TICLE V INITIAL OFFICERS AND/OR DIRECTORS		
Name and Title: ALEXEY AGUIAR VALDEZ, PRES	Name and Title:	£M 6: 50
Name and Title:  ALEXEY AGUIAR VALDEZ, PRES  Address  7300 WAYNE AVE APT 313	Name and Title:	£M 6: 50
Name and Title:  7300 WAYNE AVE APT 313		£M 6: 50
Name and Title:  ALEXEY AGUIAR VALDEZ, PRES  Address  7300 WAYNE AVE APT 313		£M 6: 50
Name and Title:  ALEXEY AGUIAR VALDEZ, PRES  Address  7300 WAYNE AVE APT 313	Address:	5. SO
Name and Title:  ALEXEY AGUIAR VALDEZ, PRES  Address  7300 WAYNE AVE APT 313  MIAMI BEACH, FL 33141	Address: Name and Title:	6x 6: 50
Name and Title:  Name and Title:  ALEXEY AGUIAR VALDEZ, PRES  7300 WAYNE AVE APT 313  MIAMI BEACH, FL 33141  Name and Title:	Address:  Name and Title:  Address:	6x 6: 50
Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Address  Name and Title:  Address	Address:Name and Title: Address:	5. SO
Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address	Address:	6: 50
Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address	Address:  Name and Title:  Address:  Name and Title:	6: 50



Name and Title:_		Name and Title:	
Address _		Address:	
-	···		
	ERED AGENT reet address (P.O. Box NOT acceptable) o	f the registered coast is:	
Name:	exell Aguar Volde	i tile registered agent (s.	
Address: 730	C Wayne Ave Apt 313	2	
P. 15 -	ami Brach Fl 3314	- /1	<b>E 5</b>
1 4 1 5	arm gracon, i c 2771	Li	F (
ARTICLE VII INCOR	PORATOR		ည် :
The name and address of	the Incorporator is:		
Name:	<u>iexeu Aquiar Valdes</u>	5	<u> </u>
Address:	300 Wayne Ave Apt	313	i (n C)
$\overline{V}$	liami Brach FL'3	3141	
ARTICLE VIII EFFE Effective date, if other the (If an effective date is listilling.)		(OPTIONAL)	
Note: If the date inserted the document's effective	in this block does not meet the applicable date on the Department of State's records.	statutory filing requirements	this date will not be listed as
Having been named as re-	egistered agent to accept service of process	for the above stated corpora	ation at the place designated in
this cerujicate, I am jami	liar with and accept the appointment as reg	istered agent and agree to a	ct in this capacity
(X) Wyn	Required Signature/Registered Agent		Date
I submit this document a	nd affirm that the facts stated herein are	true. I am aware that the fa	ilse information submitted in a
document to the Departm	ent of State constitutes a third degree felon	y as provided for in \$.817.15.	5, F.S. 0/2/10
Required Sign	appe/incorporator	·	<u> 7//2// 7</u>
Required Sign	and a morporator		Date