te: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000318737 3)))



H190003187373AEC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

FLORIDA PROFIT/NON PROFIT CORPORATION M SANCHEZ M TRUCKING CORP

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

OET 2 9 2019

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help



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

SUBJECT: M SAN	CHEZ M TRUCKING CORP		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: MA	RGEIGUER SANCHEZ MACHAI	00	
1436	NW 43RD ST	(Printed or typed)	
		Address	
MIA	MI, FLORIDA 33142		
	City,	State & Zip	
786	478-8021		
1	Daytime To	elephone number	
SANI	DYSANCHEZ70@GMAIL.COM		
	E-mail address: (to be used	for future annual report no	otification)

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

(H190083189370

ARTICLES OF INCORPORATION

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

	NCIPAL OFFICE			
Principal street address 436 NW 43RD ST		Mailing add	Mailing address, if different is:	
ПАМІ, FL 33142		1436 NW 43RD ST MIAMI, FL 33142		
TICLE III PUR	POSE h the corporation is organized is:			
Y AND ALL LA	WFUL BUSINESS			
		 - ,	# S	
number of shares	RES 100 of stock is:		JE JAKN THASSI	
TCLE V INIT	IAL OFFICERS AND/OR DIRECTORS		=	
		Δ I (
Name and Th	le: MARGEIGUER SANCHEZ MACHA	DO, Mesident Name and Title:	÷ 69	
Name and Tit	MARGEIGUER SANCHEZ MACHA 1436 NW 43RD ST		(C)	
	1436 NW 43RD ST	DO, PLSIDENT Name and Title: Address:	÷ 69	
	1436 NW 43RD ST		÷ 69	
A d dress	1436 NW 43RD ST MIAMI, FL 33142	Address:	eta eta	
A d dress	1436 NW 43RD ST MIAMI, FL 33142	Address: Name and Title:	eta eta	
Address Name and Tith	1436 NW 43RD ST MIAMI, FL 33142	Address: Name and Title: Address:	## ## ## ## ## ## ## ## ## ## ## ## ##	
Address Name and Tith	1436 NW 43RD ST MIAMI, FL 33142	Address: Name and Title: Address:	eta eta	
Address Name and Tith Address	1436 NW 43RD ST MIAMI, FL 33142	Address: Name and Title: Address:	## ## ## ## ## ## ## ## ## ## ## ## ##	
Address Name and Title Address Name and Title	1436 NW 43RD ST MIAMI, FL 33142	Address: Name and Title: Address:	## ## ## ## ## ## ## ## ## ## ## ## ##	
Address Name and Tith Address	1436 NW 43RD ST MIAMI, FL 33142	Name and Title: Name and Title: Name and Title:	## ## ## ## ## ## ## ## ## ## ## ## ##	

Name a	end Title:	Name and Title:	
Addre		Address:	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	falo	
Name:	MARGEIGUER SANCHEZ MACHADO	t the registered agent is:	
Address:	1436 NW 43RD ST	-	
	MIAMI, FL 33142	-	
ARTICLE VII	INCORPORATOR		
The name and a	address of the Incorporator is:		
Name:	MARGEIGUER SANCHEZ MACHADO		
Address:	1436 NW 43RD ST	•	
	MIAMI, FL 33142		
Effective date, if (If an effective of filing.) Note: If the date	EFFECTIVE DATE: 10-28-2019 date is listed, the date must be specific and cannot be inserted in this block does not meet the applicable effective date on the Department of State's records.		
Having been nathis certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as regi	Nered agent and agree to act in this	capacity
	Required Signature/Registered Agent	10-28	-2019
I submit this do	_ _		Date
document to the	cument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	rue. I am aware that the false infor as provided for in s.817.155, F.S.	mation submitted in a
Q hu	le	10-28	3-2019
∨ Requi	red Signature/Incorporator		Date