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(((H19000325424 3)))



H190003254243ABC/

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: THREE K FAST CARRIER SERVICES INC Account Name

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 PABLO GARCIA CARPENTRY INC

Certificate of Status	0
Certified Copy	0
Page Count	04
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Help

11/4/2019 02:13 PM PST

TO:18506176381

(H19003254243)

COVER LETTER

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

SUBJECT: PABLO	GARCIA CARPENTRY INC		
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: PA	BLO G. GARCIA Nam	e (Printed or typed)	
182	3 NW 22ND ST		
		Address	
MIZ	AMI, FL 33142		
Čity, State & Zip			
305	-316-5175		
	Daytime 1	elephone number	
GA	RCIAPABLO@HOTMAIL.COM		
	E-mail address: (to be use	d for future annual report	notification)

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

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ARTICLES OF INCORPORATION (H/9003254245)

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

Principal street address NW 22ND ST MI, FL 33142	
NW 22ND ST MI, FL 33142	Mailing address, if different is
	1823 NW 22ND ST
	MIAMI, FL 33142
	
ICLE III PURPOSE purpose for which the corporation is organized is:	
AND ALL LAWFUL BUSINESS	
Name and Title: PABLO G. GARCIA, PRESIDENT	Name and Title:
1823 NW 22ND ST	Address:
MIAMI, FL 33142	
	<u> </u>
	Name and Title:
Name and Title:	
Name and Title:	
Name and Title:	
Name and Title:	
Name and Title:Address	Address:
Name and Title: Address Name and Title:	Address: Name and Title:
Name and Title:Address	Address: Name and Title:

11/4/2019 02:13 PM PST TO:18506176381 FROM:8443311401 Page: 4

Name a	and little:	Name and Title:
Addres	ss	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the street address (P.O. Box NOT acceptable)	the registered agent is:
Name:	PABLO G. GARCIA	
Address:	1823 NW 22ND ST	
	MIAMI, FL 33142	
ARTICLE VII	INCORPORATOR	
The name and	address of the Incorporator is:	
Name:	PABLO G. GARCIA	
Address:	1823 NW 22ND ST	
	MIAMI, FL 33142	
ARTIÇLE VIII	I EFFECTIVE DATE: 11-4-19	
	if other than the date of filing:	. (OPTIONAL) be more than five days prior or 90 days after the
	te inserted in this block does not meet the applicable si effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as
this certificate, .	I am familiar with and accept the appointment as regi	for the above stated corporation at the place designated i stered agent and agree to act in this capacity
V	9	11-4-19
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in as provided for in s.817.155, F.S.
(X)	7	11-4-19
Real	nired Signature/Incorporator	Date