11/26/2019

p.1

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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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.\*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION ALCANTARA CONSTRUCTION SERVICES INC

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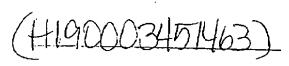


## **COVER LETTER**

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

SUBJECT:	ALCANTARA CONSTR (PROPOSED CORPOR)	RUCTION SERVIC	ES INC		
	(PROPOSED CORPOR)	TE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	la check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fec, Certified Copy & Certificate of Status PY REQUIRED		
FROM: _F	irst Name - JONATHAN A. Last		DLORZANO		
		(Printed or typed)  Grant Street			
<del></del>	Address				
Hollywood, Florida 33024  City, State & Zip					
	·	34-3165			
	Daytime Te	elephone number			
	jonathansolor	zano337@gmail.com			
	E-mail address: (to be used	for tuture annual report no	tification)		

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



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

	T OPENOTO A OPENO	
TICLE I.	Principal office Principal street address	
6591 GRANT STREET		Mailing address, if different is:
OLLYWO	OOD, FL 33024	6591 GRANT STREET HOLLYWOOD, FL 33024
		TIOLE 1 (1000, FL 23024
<del></del>		
RTICLE II	II PURPOSE	
e purpose	for which the corporation is organized is: ANY AN	DALC CAMPIN DIGUIS
	ANI AN	DALL LAWFUL BUSINESS
<del></del> -		
	-	
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	· · · · · · · · · · · · · · · · · · ·	
TICLE V	INTELL OFFICERS AND OF THE PROPERTY OF THE PRO	<del></del>
	INITIAL OFFICERS AND/OR DIRECTORS	N. Jane
une and Ti	:le: JONATHAN A, ALCANTARA SOLORZANO, PRES	Name and Title:
ame and Ti	ile: JONATHAN A, ALCANTARA SOLORZANO, PRES	Address
ame and Ti	de: JONATHAN A, ALCANTARA SOLORZANO, PRES	· · · · · · · · · · · · · · · · · · ·
ame and Ti	ile: JONATHAN A, ALCANTARA SOLORZANO, PRES	Address
ame and Ti	de: JONATHAN A, ALCANTARA SOLORZANO, PRES	Address
ame and Ti	de: JONATHAN A, ALCANTARA SOLORZANO, PRES	Address
ame and Ti	ele: JONATHAN A, ALCANTARA SOLORZANO, PRES 6591 GRANT STREET HOLLYWOOD, FL 33024	Address:
ame and Ti	ele: JONATHAN A, ALCANTARA SOLORZANO, PRES 6591 GRANT STREET HOLLYWOOD, FL 33024	Address:
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name and Ti deress Name Addre Name	ele: JONATHAN A, ALCANTARA SOLORZANO, PRES 6591 GRANT STREET HOLLYWOOD, FL 33024 and Title:	Address:  Name and Title:  Address:

Name an	d Title:	Name and Title:	
Address		Address:	
		<del></del>	
ARTICLE VI The name and Fi	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	JONATHAN A. ALCANTARA SOLORZANO	see segrous ed agon is.	
Address:	6591 GRANT STREET		
	HOLLYWOOD, FL 33024		
ARTICLE VII	NCORPORATOR		
	dress of the Incorporator is:		
Name:	JONATHAN A. ALCANTARA SOLORZANO		
Address:	6591 GRANT STREET		
	HOLLYWOOD, FL 33024		
Effective date, if o (If an effective da filing.)	EFFECTIVE DATE: ther than the date of filing:11-26-2019 te is listed, the date must be specific and cannot		prior or 98 days after the
Note: if the date if the document's eff	nserted in this block does not meet the applicable si ective date on the Department of State's records.	atutory filing requiremen	ts, this date will not be listed as
Having been name certificate, I am far	d as registered agent to accept service of process for niliar with and accept the appointment as registered	the above stated corporati agent and agree to act in	ion at the place designated in this this capacity
	Required Signature/Registered Agent		11-26-2019 Date
submit this docu	ment and affirm that the facts stated have	ie I am moore that the	_ <del></del>
document to the De	partment of State constitutes a third degree felony a	s provided for in s.817.15.	use injormation submitted in a 5, F.S.
Required Signature	Incorperator		11-26-2019