

P19000087459

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)887-5844

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

Email Address: Miguel abellaw@ gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
FA TRUCKING SVCS CORP**

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

NOV 27 2019

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

(H19000345209)

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

SUBJECT: FA TRUCKING SVCS 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: First name- Juan M. Last Name- Nunez Abella

Name (Printed or typed)

1989 50th ST SW

Address

NAPLES, FL 34116

City, State & Zip

786-333-8923

Daytime Telephone number

MIGUELABELLA68@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

(H190003452093)

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

ARTICLE I NAMEThe name of the corporation shall be: **FA TRUCKING SVCS CORP****ARTICLE II PRINCIPAL OFFICE**Principal street address:**1989 50TH ST SW****NAPLES, FL 34116**

Mailing address, if different is:

1989 50TH ST SW**NAPLES, FL 34116****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: **JUAN M. NUNEZ ABELLA, PRES** Name and Title:Address **1989 50TH ST SW** Address:**NAPLES, FL 34116**

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

2019 NOV 26 AM 10:07
FILED
JAN 10 2020
ALLIANCE

(H19000345-2093)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JUAN M. NUNEZ ABELLA
Address: 1989 50TH ST SW
NAPLES, FL 34116

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

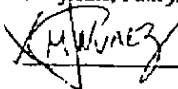
Name: JUAN M. NUNEZ ABELLA
Address: 1989 50TH ST SW
NAPLES, FL 34116

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 11-26-19 (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

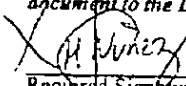


Required Signature/Registered Agent

11-26-19

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.



Required Signature/Incorporator

11-26-19

Date