

2/17/2020

Division of Corporations

P20000013924

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H20000053074 3)))



H200000530743ABCV

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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:

AL2957@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**AVELY LOGISTIC CORP**

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

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Corporate Filing Menu

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JH 2/17/20

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FLORIDA  
DIVISION OF  
CORPORATIONS

(H200000530743)

## COVER LETTER

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

SUBJECT: AVELY LOGISTIC 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: AVELINO GONZALEZ-SOCARRAS  
Name (Printed or typed)  
541 BLUE HERON DR APT C314  
Address  
HALLANDALE BEACH, FL 33009  
City, State & Zip  
201-328-6508  
Daytime Telephone number  
AL2957@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

(H200000530743)

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

**ARTICLE I NAME**

The name of the corporation shall be: AVELY LOGISTIC CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

541 BLUE HERON DR APT C314  
HALLANDALE BEACH, FL 33009

541 BLUE HERON DR APT C314  
HALLANDALE BEACH, FL 33009

**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: AVELINO GONZALEZ-SOCARRAS, PRESIDENT

Name and Title: \_\_\_\_\_

Address 541 BLUE HERON DR APT C314  
HALLANDALE BEACH, FL 33009

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2020 FEB 17 PM 4:41  
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CLERK OF DISTRICT COURT  
HALLANDALE BEACH, FL

(H200000530743)

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: Avelino Gonzalez-Socarras  
Address: 541 Blue Heron Dr Apt C314  
Hallandale Bch, FL 33009

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Avelino Gonzalez-Socarras  
Address: 541 Blue Heron Dr Apt C314  
Hallandale Bch, FL 33009

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 02-17-2020 (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

X [Signature]  
Required Signature/Registered Agent

02-17-2020  
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.

X [Signature]  
Required Signature/Incorporator

02-17-2020  
Date