

May 13 20:01:21p

5/13/2020

p.1

Division of Corporations

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
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Fax Number : (305)887-5844

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DIVISION OF CORPORATIONS
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MAY 13 2020

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

Email Address: LUQUE0407@icloud.com

FLORIDA PROFIT/NON PROFIT CORPORATION
G. LUQUE INC

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

2020 MAY 13 PM 1:29

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: G. LUQUE Inc.
(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

First Name: Guillermo
FROM: (2) Last Names: LUQUE OLIVA
Name (Printed or typed)

1105 W. 69th PL
Address

Hialeah, FL 33014
City, State & Zip

(786) 714-0421
Daytime Telephone number

LUQUE0407@icloud.com
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be:

G. LUQUE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1105 W. 69TH PLACE

HIALEAH, FLORIDA 33014

Mailing address, if different is:

1105 W. 69TH PLACE

HIALEAH, FLORIDA 33014

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: GUILLERMO LUQUE OLIVA, PRES

Address 1105 W. 69TH PL

HIALEAH, FL 33014

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

20 MAY 13 AM 11:23

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Guillermo Luque Oliva
Address: 1105 W. 69th PL
Hialeah, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Guillermo Luque Oliva
Address: 1105 W. 69th PL
Hialeah, FL 33014

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5-12-2020 (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:

5-12-2020
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

5-12-2020
Date