

P20000036988

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000150335 3)))



H200001503353ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2020 MAY 20 PM 4:11

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

2020 MAY 20 PM 3:48
FILED

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

Email Address: Michelle.Chantre@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
CHANTRE MOREIRA CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

H20000150353

COVER LETTER

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

SUBJECT: CHANTRE MOREIRA 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 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

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

2020 MAY 20 PM 3:18

FILED

FROM: MICHELLE A. RODRIGUEZ
Name (Printed or typed)

1720 S. GLADES DR APT 10
Address

NORTH MIAMI BEACH, FL 33162
City, State & Zip

954-678-8321
Daytime Telephone number

MICHELLE.CHANTRE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

H20000150335

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: CHANTRE MOREIRA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

1720 S. GLADES DR APT 10
NORTH MIAMI BEACH, FL 33162

Mailing address, if different is:

1720 S. GLADES DR APT 10
NORTH MIAMI BEACH, FL 33162

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: MICHELLE A. RODRIGUEZ, PRES Name and Title: _____

Address 1720 S. GLADES DR APT 10 Address: _____
NORTH MIAMI BEACH, FL 33162

Name and Title: GLADYS MOREIRA MORENO, VP Name and Title: _____

Address 1720 S. GLADES DR APT 10 Address: _____
NORTH MIAMI BEACH, FL 33162

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2020 MAY 20 PM 3:48
MIAMI BEACH, FL

#200001503353

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: Michelle A. Rodriguez
Address: 1720 S. Glades Dr Apt 10
North Miami Beach, FL 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

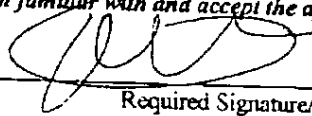
Name: Michelle A. Rodriguez
Address: 1720 S. Glades Dr Apt 10
North Miami Beach, FL 33162

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/20/2020 (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

② 
Required Signature/Registered Agent

5/20/2020
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.

② 
Required Signature/Incorporator

5/20/2020
Date