

P2000004-2672

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 : 120180000033
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: WILBERTARIASGONZALEZ@GMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
W.A. EXPRESS TRUCKING INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

(H200001771443)

COVER LETTER

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

SUBJECT: **W.A. EXPRESS TRUCKING 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
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

FIRST NAME: WILBERT

FROM: 2 LAST NAMES: ARIAS GONZALEZ

Name (Printed or typed)

437 REDISH CIRCLE

Address

CLEWISTON, FLORIDA 33440

City, State & Zip

561-567-4211

Daytime Telephone number

WILBERTARIASGONZALEZ@GMAIL.COM

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

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

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

ARTICLE I NAMEThe name of the corporation shall be: W.A. EXPRESS TRUCKING INCARTICLE II PRINCIPAL OFFICE

Principal street address

437 REDISH CIRCLECLEWISTON, FL 33440

Mailing address, if different is:

437 REDISH CIRCLECLEWISTON, FL 33440ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: WILBERT ARIAS GONZALEZ, PRES Name and Title:Address 437 REDISH CIRCLE Address:CLEWISTON, FLORIDA 33440

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

(H2000001771443)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name:

WILBERT ARIAS GONZALEZ

Address:

437 REDISH CIRCLE
CLEWISTON, FL 33440**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

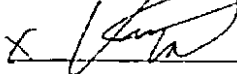
Name:

WILBERT ARIAS GONZALEZ

Address:

437 REDISH CIRCLE
CLEWISTON, FL 33440**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 6-10-2020 (OPTIONAL)

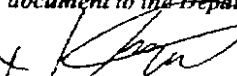
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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*

Required Signature/Registered Agent

6-10-2020

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.

Required Signature/Incorporator

6-10-2020

Date