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6/18/2020

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  
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: Mariaavielle@gmail.com

### FLORIDA PROFIT/NON PROFIT CORPORATION ANGELES EXPRESS TRUCKING INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

*JSK*  
*6/19/2020*

## COVER LETTER

(H200001860293)

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

SUBJECT: Angeles 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

FROM: Maria D. Fuentes  
Name (Printed or typed)

4801 NW 195th Terr  
Address

Miami Gardens, FL 33055  
City, State & Zip

(154) 777-2430  
Daytime Telephone number

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

2011 JUN 18 PM 3:27

FILED

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)

(A2000001860273)

ARTICLE I NAME

The name of the corporation shall be:

Angeles Express Trucking Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address4801 NW 195<sup>th</sup> Terr

Miami Gardens, FL 33055

Mailing address, if different is:

4801 NW 195<sup>th</sup> Terr

Miami Gardens, FL 33055

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:

Maria D. Fuentes, pres

Name and Title:

Address

4801 NW 195<sup>th</sup> Terr

Address:

Miami Gardens, FL  
33055

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF DISTRICT COURT  
DADE COUNTY, FLORIDA

(4200001860273)

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:

Maria D. Fuentes

Address:

4801 NW 195<sup>th</sup> Terr  
Miami Gardens, FL 33055**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name:

Maria D. Fuentes

Address:

4801 NW 195<sup>th</sup> Terr  
Miami Gardens, FL 33055**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 6/17/20 (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

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

Date