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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 : I2018000033
 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: LUISCARLOS1991@Live.com

FLORIDA PROFIT/NON PROFIT CORPORATION
LUIS CARLOS TRUCKING INC

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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JUL 10 2020

COVER LETTER

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

SUBJECT: Luis Carlos 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 ☐ \$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

FROM: Luis Carlos
Name (Printed or typed)

4755 NW 184th Terr
Address

Miami Gardens, FL 33055
City, State & Zip

(786) 319-7531
Daytime Telephone number

Luis Carlos 1991@live.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:

Luis Carlos Trucking Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address4755 NW 184th Terr
Miami Gardens, FL 33055

Mailing address, if different is:

4755 NW 184th 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:

Luis Carlos, president

Name and Title:

Address

4755 NW 184th Terr
Miami Gardens, FL
33055

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Luis Carlos
Address: 4755 NW 184th Terr
Miami Gardens, FL 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luis Carlos
Address: 4755 NW 184th Terr
Miami Gardens, FL 33055

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/9/2020 (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 _____
Required Signature/Registered Agent

7/9/2020
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

7/9/2020
Date