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Division of Corporations
Florida Department of State
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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: Rodriguez - andres490@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
ANDRES DEMOLITION SERVICE CORP**

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

2020 AUG 20 PM 12:08

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COVER LETTER

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

ANDRES DEMOLITION SERVICE CORP
SUBJECT: _____
(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: _____

ANDRES RODRIGUEZ

Name (Printed or typed)

11365 SW 45TH STREET

Address

MIAMI, FLORIDA 33165

City, State & Zip

305-542-8709

Daytime Telephone number

RODRIGUEZ_ANDRES490@YAHOO.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) 2020 AUG 20 PM 3:58

ARTICLE I NAME

The name of the corporation shall be: ANDRES DEMOLITION SERVICE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11365 SW 45TH STREET

11365 SW 45TH STREET

MIAMI, FLORIDA 33165

MIAMI, FLORIDA 33165

ARTICLE III. PURPOSE

ARTICLE III. PURPOSE

ANY AND ALL LAWEUJI BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ANDRES RODRIGUEZ, PRES** Name and Title:

Address 11365 SW 45TH STREET

MIAMI, FLORIDA 33165

Name and Title: _____ Name and Title: _____

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: ANDRES RODRIGUEZ
Address: 11365 SW 45TH STREET
MIAMI, FLORIDA 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDRES RODRIGUEZ
Address: 11365 SW 45TH STREET
MIAMI, FLORIDA 33165

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08-18-2020 (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.

 08-18-2020
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.

 08-18-2020
Required Signature/Incorporator Date