

9/21/2020

P20000073481

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H20000328293 3)))



H200003282933ABC\$

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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: voiseborges26@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
YBD TRANSPORT CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
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Corporate Filing Menu

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SEP 22 2020

COVER LETTER

(H200003282933)

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

SUBJECT:

YBD TRANSPORT 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 ☐ \$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:

Yoise O. Borges

Name (Printed or typed)

6365 W 24TH Ave Apt 19

Address

Hialeah, FL 33016.

City, State & Zip

(786) 901-0830

Daytime Telephone number

Yoiseborges26@gmail.com

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

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

(# 200003282933)

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: YBD Transport Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

6365 W 24th Ave Apt 19
Hialeah, FL 33016

Mailing address, if different is:

6365 W 24th Ave Apt 19
Hialeah, FL 33016

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: Yoise O. Borges, pres Name and Title: _____
Address: 6365 W 24th Ave Apt 19 Address: _____
Hialeah, FL 33016

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

FILED
20 SEP 21 PM 7:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(H200003282933)

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:

Yoise O. Borges

Address:

6365 W 24th Ave Apt 19
Hialeah, FL 33016FILED
20 SEP 21 PM 7:37
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name:

Yoise O. Borges

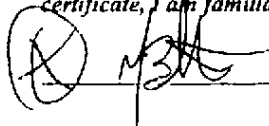
Address:

6365 W. 24th Ave Apt 19
Hialeah, FL 33016**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 9-21-20 (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

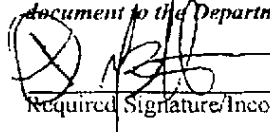


Required Signature/Registered Agent

9-21-2020

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

9-21-2020

Date