Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
	Division of Co	rporations		
	Fax Number	: (850)617-6381		
From	:			•
-	Account Name	: THREE K FAST CARR	IER SERVICES INC	
		: 120180000033		(* <u>-</u>
	Phone	: (305)805-3516		
	Fax Number	: (305)887-5844		
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Corporate Filing Menu

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February 4, 2021

FLORIDA DEPARTMENT OF STATE

THREE K FAST CARRIER SERVICES INC

SUBJECT: RELIABLE HERMANOS CORP

REF: W21000012024

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II FAX Aud. #: E21000047107 Letter Number: 221A00002534

(H21000047/073)

COVER LETTER

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

SUBJECT: Reliable Hermanos Corp		
(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
☑ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
. Stoven 7-mass-		
FROM: Steven Zamorano Name	(Printed or typed)	
6075 W Commercial Blvd		
A	ddress	
Tamarac, FL 33319	tate & Zip	
954-724-4141	•	
Daytime To	lephone number	· · · · · · · · · · · · · · · · · · ·
Steven@CBSFinancialCPA.Cor E-mail address: (to be used		

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

75844 H21000047/073)

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

		orp	
91 SW 1st Way	INCIPAL OFFICE Principal street address	1091 SV	Mailing address, if different is:
eerficid Beach, FL 33441			d Beach, FL 33441
			
TICLE III PU e purpose for whi	RPOSE ch the corporation is organized is: Any an	d All Lawful B	usiness
		·-	
			
			<u> </u>
	-		
			·F
			
TICLE IV SIL			
	TIAL OFFICERS AND/OR DIRECTORS Citle: Richard Morris, PD	Name and Titl	_{c:} Robert J Morris, DST
Address	3820 NE 28th Avenue	Address:	2771 NE 31st Street
·	Lighthouse Point, FL 33064	_	Lighthouse Point, FL 3306
•			
		- ·	
Name and Ti	tle: Obniel Lombard, VD	Name and Title	e:
Name and Ti	tle: Obniel Lombard, VD 4133 Eastridge Circle	Name and Title	e:
			e:
	4133 Eastridge Circle		e:
Address	4133 Eastridge Circle Pompano Beach, FL 33064	Address:	
Address	4133 Eastridge Circle Pompano Beach, FL 33064	Address: Name and Title	
Address Name and Ti	4133 Eastridge Circle Pompano Beach, FL 33064	Address: Name and Title	

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Name an	d little:	Name and Title:
Address	·	Address:
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The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	Thoracitered about in
Namo:	Luis Escobar	an tegetalen aktis a.
Address:	6075 W Commercial Blvd	
	Tamarac, FL 33319	
•		20
ARTICLE VII.	INCORPORATOR	20
The name and ad	dress of the Incorporator is:	FEB
Name;	Richard Morris	
Address:	3820 NE 28th Avenue	
	Lighthouse Point, FL 33064	4
		4. · · · · · · · · · · · · · · · · · · ·
	EFFECTIVE DATE: 02 02 02 02 02 02 02 02 02 02 02 02 02	021
(If on effective d filing.)	ate is listed, the date must be specific and chimot	t be more than five days prior or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the applicable a frective date on the Department of State's records.	statutory filing requirements; this date will not be listed as
\sim		
Having been hun certificate, Vam f	ed as registered agent to accept service of process for amflige with and accept the appointment as registered	r the above stated corporation at the place designated in this ed agent and be ree to accide this choices.
		02 <i>(</i> 02/2021
144	Required Signature/Registered Agent	Date
I submit this does	ument and affirm that the facts stated herein are to Departmental State constitutes a filira degree felons	true. I am aware that the fulse information submitted in a
		02/02/2821
Required Signatur	re/Incorporator	02(Q2/2821 Date