

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.

FLORIDA PROFIT/NON PROFIT CORPORATION RM AUTO TRANSPORT INC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

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

SUBJECT:	RM AUTO TRANSPORT INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(I KOT OSED COM OKA	- <u></u>	<u> </u>		
Enclosed are an o	riginal and one (1) copy of the art	ticles of incorporation and	i a check for:		
≰ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate o Status DPY REQUIRED		
FROM: _	REINIER MONTERO Name (Printed or typed) 5640 NE MIAMI AVENUE				
_	MIAMI, FL 33137	Address			
-	786-647-3763	, State & Zip			
•	RMAUTOTRANSPORT CMAIL.COM				
TO :L HI	E-mail address: (to be use NOTE: Please provide the	ed for future annual report original and one copy o			

3058875844 p.3 (H2/W)/3/0203)

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

e of the corporati	on shall be: RM AUTO TRA	ANSPURI	
	PAL OFFICE Principal street address	м	ailing address, if different is:
NEMIAN VI, FL 331	ILAVENUE	<u>5640 NE</u> MIAMI, F	MIAMI AVENUE
	_	IAITAMAII, I	L 33 (3)
CLE III PURPO urpose for which th			
Y AND ALL	LAWFUL BUSINESS		
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	tock is: 100 LOFFICERS AND/OR DIRECTORS		
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number of shares of s	LOFFICERS AND/OR DIRECTORS REINIER MONTERO, PRI 564 NE MIAMI AVENUE	Same and Title:_	
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number of shares of s ICLE V INITIA Name and Title Address	LOFFICERS AND/OR DIRECTORS REINIER MONTERO, PRI 564 NE MIAMI AVENUE MIAMI, FL 33137	Same and Title:_ Address:	
number of shares of s ICLE V INITIA Name and Title Address	LOFFICERS AND/OR DIRECTORS REINIER MONTERO, PRI 564 NE MIAMI AVENUE	Address: Name and Title:	
Name and Title Name and Title	LOFFICERS AND/OR DIRECTORS REINIER MONTERO, PRI 564 NE MIAMI AVENUE MIAMI, FL 33137	Address: Name and Title:	
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Name and Title: Address Name and Title: Address	LOFFICERS AND/OR DIRECTORS REINIER MONTERO,PRI 564 NE MIAMI AVENUE MIAMI, FL 33137	Address: Name and Title: Address: Name and Title: Name and Title:	

Name and Tit	c:	Name and Title:
Address		Address:
ARTICLE VI REG	ISTERED AGENT a street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	REINIER MONTERO	
	5640 NE MIAMI PLACE	•
Address: ,	MIAMI, FL 33137	
ADTICLE (SI - INC	ARRAR ATAR	
ARTICLE VII INC	ORPORATOR	
The name and address	is of the Incorporator is:	
Name:	REINIER MONTERO	_
Address:	5640 NE MIAMI PLACE	_
	MIAMI, FL 33137	-
ARTICLE VIII EF	FECTIVE DATE:	
Effective date, if other (If an effective date)	r than the date of filing: U4/U1/2021	. (OPTIONAL) of be more than five days prior or 90 days after the
filing.)		
Note: If the date inset the document's effect	rted in this block does not meet the applicable ive date on the Department of State's records	statutory filing requirements, this date will not be listed as
Having been named a certificate, I am famil	is registered agent to accept service of process, far with and accept the appointment as registe	for the above stated corporation at the place designated in this red agent and agree to act in this capacity
x 1/00	es Me	04/01/2021
	Required Signature/Registered Agent	Date
I submit this docume	ent and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
document to sing Depo	arment of State constitutes a third degree felor	ty as provided for in s.817.155, F.S.
x //w	2/1/1//	04/01/2021
Required Signature/I	ncorporator	Date