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To:

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Account Number : I20180000033 Phone : (305)805-3516 Fax Number : (305)887-5844

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Email Address: WINERALX and RETLEGY MOULO C

FLORIDA PROFIT/NON PROFIT CORPORATION W. ALEXANDRE TRUCK SVC CORP

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COVER LETTER

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

SUBJECT:	W. ALEXA	NDRE TRUCK SVC	CORP			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	I a check for:			
€X\$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status			
FROM: _	WILNER ALEXANDRE	ne (Printed or typed)				
	1070 NW 185TH TERR					
_	MIAMI, FL 33169	Address				
	786-290-8612	, State & Zip				
	Daytime Telephone number WILNERALEXANDRE76@GMAIL.COM					
	E-mail address: (to be use	ed for future annual report n	otification)			

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)

name of the corporation shall be: W. ALEXANDRE TICLE II PRINCIPAL OFFICE Principal street address		Mailing address. if different is:	
1070 NW 185TH TERRACE MIAMI GARDENS, FL 33169		1070 NW 185TH TERRACE	
		MIAMI GARDENS, FL 33169	
TICLE III PURI	POSE the corporation is organized is:		
	LAWFUL BUSINESS		
			
			_
			_
		· ·	
HELE P INTE	AL OFFICERS AND/OR DIRECTORS		
•		RESName and Title:	
•			
Name and Tit	le: WILNER ALEXANDRE, PI		
Name and Tit	le: WILNER ALEXANDRE, PI 1070 NW 185TH TERR		
Name and Tit Address	1070 NW 185TH TERR MIAMI, FL 33169	Address:	
Name and Tit Address	1070 NW 185TH TERR MIAMI, FL 33169		
Name and Tit Address	1070 NW 185TH TERR MIAMI, FL 33169	Address: Name and Title:	
Name and Tit Address Name and Titl	Ic: WILNER ALEXANDRE, PI 1070 NW 185TH TERR MIAMI, FL 33169	Address: Name and Title: Address:	
Name and Tit Address Name and Titl	Ic: WILNER ALEXANDRE, PI 1070 NW 185TH TERR MIAMI, FL 33169	Address: Name and Title: Address:	
Name and Tit Address Name and Titl Address	Ic: WILNER ALEXANDRE, PI	Address: Name and Title: Address:	
Name and Tit Address Name and Titl Address	Ic: WILNER ALEXANDRE, PI	Address: Name and Title: Address:	
Name and Tit Address Name and Titl Address	Ic: WILNER ALEXANDRE, PI		
Name and Titl Address Name and Titl Address	Ic: WILNER ALEXANDRE, PI		

Name and Title	e: Name and Title:	
Address	Address:	
-		
	STERED AGENT street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	INPRAPXOLOGIE	
Address:	70 NU 185th Terr	
Nucleoss. 1	Mami FL 33169	
<u> </u>		
ARTICLE VII INCO	'RPORATOR	
The <u>name and address</u>	of the Incorporator is: NIINED HEXONDE	
Name: \(\frac{1}{2}\)	MINUR HICKORY	
Address:	Michai Ed 321/09	
Į.	VIIIVITE	
ARTICLE VIII EFF		
•	than the date of filing: (OPTIONAL) listed, the date must be specific and cannot be more than five days prior or 90 days after	r the
filing.)		
	ted in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.	e listed as
Having been named as i	registered agent to accept service of process for the above stated corporation at the place design	nated in this
	with the accept the appointment as registered agent and agree to act in this capacity	2221
(A) Alung	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10L
I submit this document	Required Signature/Registered Agent Date party affirm that the facts stated herein are true. I am aware that the false information sub-	minad in a
	ment of State constitutes a third degree felony as provided for in s.817.155, F.S.	. A 4 i
(A)	4/14/12	1021
Required Spreature Inco	orporator Date	
//	†	••