

May 11 2011 11:07 am

Three K

5/11/2021

Division of Corporations

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.****

Email Address: Sahifam71@icloud.com

FLORIDA PROFIT/NON PROFIT CORPORATION

CHS EXPRESS CORP

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 MAY 11 PM 1:07

2021 MAY 11 PM 2:06

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(#2/0001890723)

COVER LETTER

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

SUBJECT: CHS EXPRESS 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: Sahira M. Matute
Name (Printed or typed)

201 NW 109TH AVE APT 110
Address

MIAMI, FLORIDA 33172
City, State & Zip

786-312-5852
Daytime Telephone number

SAHIRAM71@ICLOUD.COM
E-mail address: (to be used for future annual report notification)

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

(H210001890723)

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:

CHS EXPRESS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

201 NW 109TH AVE APT 110
MIAMI, FLORIDA 33172

201 NW 109TH AVE APT 110
MIAMI, FLORIDA 33172

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: **SAHIRA M MATUTE, PRES**

Address: **201 NW 109TH AVE APT 110**
MIAMI, FL 33172

Name and Title: **LUIS C. BIENES VEGA, VP**

Address: **201 NW 109TH AVE APT 110**
MIAMI, FL 33172

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

(H 210001 890723)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Sahira M. MatuteAddress: 201 NW 109th ave apt 110
MIAMI FL 33172**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Sahira M. MatuteAddress: 201 NW 109th ave apt 110
MIAMI FL 33172**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 05-11-2021 (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*(X) Sahira Matute
Required Signature/Registered Agent05-11-2021
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.*(X) Sahira Matute
Required Signature/Incorporator05-11-2021
Date