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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) 887-5344

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LAZAROPOMPA@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
OASIS TRUCKING SERVICES INC

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

OK

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COVER LETTER

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

SUBJECT: OASIS TRUCKING SERVICES INC
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

2 Last Names
ZUNILDA ROBLES LOPEZ

Name (Printed or typed)

2425 53RD ST NORTH

Address

ST. PETERSBURG, FL 33710

City, State & Zip

727-851-1625

Daytime Telephone number

LAZAROPOMPA@GMAIL.COM

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

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

ST. PETERSBURG, FL
OCT-8 PM 1:01

#210003762383

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: OASIS TRUCKING SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2425 53RD ST NORTH
ST. PETERSBURG, FL 33710

2425 53RD ST NORTH
ST. PETERSBURG, FL 33710

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: ZUNILDA ROBLES LOPEZ, PRES

Name and Title: _____

Address 2425 53RD ST NORTH

Address: _____

ST. PETERSBURG, FL 33710

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Zunilda Robles Lopez
Address: 2425 53rd St North
St. Petersburg, FL 33710

ST. PETERSBURG, FL
OCT - 8 PM 4:01

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Zunilda Robles Lopez
Address: 2425 53rd St North
St. Petersburg, FL 33710

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 10-07-2021 (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

[Signature]
Required Signature/Registered Agent

10-07-2021
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.

[Signature]
Required Signature/Incorporator

10-07-2021
Date