

P22000063993

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 FEB 17 AM 2:55

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

Email Address:

Keyquevedo47@hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

QUEVEDO NURSERY INC

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

(FILED 639933)

COVER LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: QUEVEDO NURSERY 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 ☐ \$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: REY A QUEVEDO
Name (Printed or typed)

19463 NW 28TH CT
Address

MIAMI GARDENS, FL 33056
City, State & Zip

305-318-0112

Daytime Telephone number

REYQUEVEDO47@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

(41220000639933)

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: QUEVEDO NURSERY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

19463 NW 28TH CT
MIAMI GARDENS, FL 33056

Mailing address, if different is:

19463 NW 28TH CT
MIAMI GARDENS, FL 33056

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: REY A QUEVEDO, P Name and Title: _____

Address 19463 NW 28TH CT Address: _____
MIAMI GARDENS, FL 33056

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

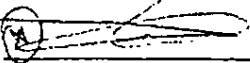
FILED

Name and Title: _____ Name and Title: (H220000639933)

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: REY A. QUEVEDOAddress: 19463 NW 28TH CT
MIAMI GARDENS, FL 33056**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: REY A. QUEVEDOAddress: 19463 NW 28TH CT
MIAMI GARDENS, FL 33056**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 02/17/22 (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*

Required Signature/Registered Agent

02/17/22

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.

Required Signature/Incorporator

02/17/22

Date

SECRETARY OF STATE
TALLAHASSEE, FL 32304

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