

P22000023894

Division of Corporations

\\C:\Users\HREEK\Documents\WORK\Unanned%

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000116820 3)))



H220001168203ABOV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : I20180000033
Phone : (305) 905-3516
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: DRITZ12258@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
MAX 4 TRANSPORT INC

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

RECEIVED
2022 MAR 31 PM 4:10
CORPORATIONS
COMMERCIAL
SERVICES

FILED
2022 MAR 31 PM 2:22
STATE OF FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Received Fax: Mar 31 2022 12:40pm

Received by: Three_K

page.1

850-617-6381

3/31/2022 1:41:22 PM PAGE

1/001

Fax Server



March 31, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

THREE K FAST CARRIER SERVICES INC

SUBJECT: MAX 4 TRANSPORT LLC

REF: W22000041851

FILED
2022 MAR 31 PM 2:22
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

If you have any further questions concerning your document, please call (850) 245-6052.

Byacynth LeBlanc
Regulatory Specialist II
New Filing Section

FAX Aud. #: H22000116820
Letter Number: 622A00007551

3/31/22 - My fault - It should
1:45 PM Be an "INC" - I corrected
it on the
CVR + the
application
Ty

(H220001/68203)

COVER LETTER

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

SUBJECT: **MAX 4 TRANSPORT 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: **ROBERTO ORTIZ JR**

Name (Printed or typed)

15077 SW 103RD TERR APT 8101

Address

KENDALL, FL 33196

City, State & Zip

786-915-7617

Daytime Telephone number

ORTIZJR258@GMAIL.COM

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

2022 MAR 31 PM 2:22

FILED

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

(H 220001168203)

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

ARTICLE 1 NAME

The name of the corporation shall be: MAX 4 TRANSPORT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

15077 SW 103RD TERR APT 8101
KENDALL, FL 33196

Mailing address, if different is:

15077 SW 103RD TERR APT 8101
KENDALL, FL 33196

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: **ROBERTO ORTIZ JR, PRES**

Address **15077 SW 103RD TERR**
APT 8101
KENDALL, FL 33196

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title: _____

Address

Name and Title:

Address:

65

2021

三

...

FILED

(H 220001168203

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: ROBERTO ORTIZ JR
Address: 15077 SW 103rd Terr Apt 8101
Kendall, FL 33196

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ROBERTO ORTIZ JR
Address: 15077 SW 103rd Terr Apt 8101
Kendall, FL 33196

FILED
2022 MAR 31 PM 2:22
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 03-30-2022 (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) [Signature]
Required Signature/Registered Agent

03-30-2022
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) [Signature]
Required Signature/Incorporator

03-30-2022
Date