

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:

LAZYDOPA@Gmail.com

RECEIVED

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DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
MARIANO TRUCKING INC**

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

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COVER LETTER

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

SUBJECT: **MARIANO TRUCKING LLC**
(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: **LUIS M. GARCIA**

Name (Printed or typed)

11631 NW 89TH CT

Address

HIALEAH GARDENS, FL 33018

City, State & Zip

786-399-7532

Daytime Telephone number

LAZYDOPA@GMAIL.COM

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

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

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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: **MARIANO TRUCKING INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

**11631 NW 89TH CT
HIALEAH GARDENS, FL 33018**

Mailing address, if different is:

**11631 NW 89TH CT
HIALEAH GARDENS, FL 33018**

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: **Luis M Garcia, Pres**

Address: **11631 NW 89th Ct
Hialeah Gardens, FL
33018**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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Name and Title: _____ Name and Title: #22000/41559
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LUIS M. Garcia
 Address: 11631 NW 89th Ct
Hialeah Gardens, FL 33018

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LUIS M. Garcia
 Address: 11631 NW 89th Ct
Hialeah Gardens, FL 33018

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/19/2022 (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

(Signature)
 Required Signature/Registered Agent

04/19/2022
 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.

(Signature)
 Required Signature/Incorporator

04/19/2022
 Date