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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: JCahreta8115@gmail.com

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## FLORIDA PROFIT/NON PROFIT CORPORATION JAVIER ADX CORP

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## **COVER LETTER**

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

SUBJECT:	JAVIER A	DX CORP	
	(PROPOSED CORP	ORATE NAME - MUST INCL	HDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the	e articles of incorporation and	a check for:
X S70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee. Certified Copy & Certificate of Status  DPY REQUIRED
FROM: First N	ame: Javier (2) Las	st Names: Cabrera R	tumbaut
4229 W	6TH CT	iress	<del></del>
Hialeah	i, FL 33012	atc & Zip	
786-899	9-1195	•	
	Daytime Tele	phone number	
	a8115@gmail.com		
1	E-mail address: (to be used fo	or future annual report notificat	ion)

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

(H220001525983)

## ARTICLES OF INCORPORATION

In compliance with Chapter 60? and or Chapter 621\_F.S. (Profit)

name of the corp	ME Oration shall be: JAVIER	ADX CORP	<del></del>
TICLE II PRI	INCIPAL OFFICE Principal street address	Mailing address, if diff	ferent ic
229 W 6TH		4229 W 6TH CT	Citil 13.
HALEAH, F	L 33012	HIALEAH, FL 3301	2
RTICLE III PŲ	RPOSE	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	ch the corporation is organized is: ILL LAWFUL BUSINESS		
			·· <del>-</del> ····-
	14	100000000000000000000000000000000000000	
<del></del>			
RTICLE IV SH.	ARES of stock is: 100		
TICLE VINIT	<u> TAL OFFICERS AND/OR DIRECTO</u> R	us aut, Pname and Title:	
Name and Ti Address	tal officers and/or director ide: Javier Cabrera Rumba 4229 W 6th CT Hialeah, FL 33012	S Aut, PName and Title:  Address:	
Name and Ti Address	tal officers and/or director ide: Javier Cabrera Rumba 4229 W 6th CT Hialeah, FL 33012	Name and Title:	
Name and Ti Address Name and Ti	tal officers and/or director ide: Javier Cabrera Rumba 4229 W 6th CT Hialeah, FL 33012	Name and Title:	
Name and Ti Address Name and Tit Address	tal officers and/or director ide: Javier Cabrera Rumba 4229 W 6th CT Hialeah, FL 33012	Name and Title:	2
Name and Ti Address Name and Tit Address	tal officers and/or director ide: Javier Cabrera Rumba 4229 W 6th CT Hialeah, FL 33012	Nume and Title:  Name and Title:  Name and Title:  Nume and Title:	2:22
Name and Tit Address  Name and Tit Address	tal officers and/or director ide: Javier Cabrera Rumba 4229 W 6th CT Hialeah, FL 33012	Nume and Title:  Name and Title:  Name and Title:  Nume and Title:	2

Name and	Title:	Name and Title:	·		
Address	-1	Address:			
	· · · · · · · · · · · · · · · · · · ·	· <del></del>			
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	Javier Cabrera Rumbaut				
Address:	4229 W 6th CT				
	Hialeah, FL 33012				
ARTICLE VII 1	NCORPORATOR				
The name and add	ress of the Incorporator is:				
Name:	Javier Cabrera Rumbaut	<del>-</del>			
Address:	4229 W 6th CT	<del></del>			
	Hialeah, FL 33012	<del></del>			
	than the date of filing: U4-Z1-ZUZZ	(OPTIONAL)	00.1		
(if an effective date in filing.)	s listed, the date must be specific and cannot be	e more than five days prio	r or 90 days after the		
	ned in this block does not meet the applicable states on the Department of State's records.	utory filing requirements, t	his date will not be listed as		
Having been named as certificate. I am famili	registered agent to accept service of process for the appointment as registered a	ic above stated corporation of gent and agree to act in this	nt the place designated in this capacity		
1 dem			04-27-2022		
	Required Signature/Registered Agent		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 Z	via V		04-27-2022		
Required Signature/In	corporator	Date	2022		