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Florida Department of State
Division of Corporations
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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: YORLEUDIS@gmail.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
LEUDIS TRANSPORT CORP

Certificate of Status	0
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COVER LETTER

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

SUBJECT: LEUDIS TRANSPORT CORP
(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: First Name: YORLEUDIS (2) Last Names: MATOS PELEGRIN
Name (Printed or typed)

2590 NW 24TH AVE APT 5
Address

MIAMI, FL 33142
City, State & Zip

305-376-1175
Daytime Telephone number

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

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

H22000236003

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: LEUDIS TRANSPORT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2590 NW 24TH AVE APT 5
MIAMI, FL 33142

Mailing address, if different is:
2590 NW 24TH AVE APT 5
MIAMI, FL 33142

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yorleudis Matos Pelegrin, P
Address: 2590 NW 24th Ave Apt 5
Miami, FL 33142

Name and Title: Roberto Rojas Crespo, VP
Address: 2590 NW 24th Ave Apt 5
Miami, FL 33142

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

H22000256005

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: YORLEUDIS MATOS PELEGRIN

Address: 2590 NW 24TH AVE APT 5

MIAMI, FL 33142

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: YORLEUDIS MATOS PELEGRIN

Address: 2590 NW 24TH AVE APT 5

MIAMI, FL 33142

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07-12-2022 . (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

_____ 07-12-2022

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.

_____ 07-12-2022

Required Signature/Incorporator Date