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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.

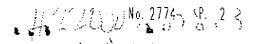
FLORIDA PROFIT/NON PROFIT CORPORATION **BALDINES CORP**

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COVER LETTER

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

SUBJECT: BALDINES CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

	(-)	cles of incorporation and	12 CHECK (OI)		
\$70,00 Filing Fee	☐ \$78,75 Filing Fee & Certificate of Status	S78.75 Füling Fee & Cartified Copy ADDITIONAL CO	& Certificate of Status		
	rst Name: WILFREDO) last Names: IZQUIERD	O RAMOS			
rkowi. <u>N</u>	Name ((Printed or typed)	······································		
10	0210 sw 215th Street				
	Ac	ddress			
C	UTLER BAY, FL 33189				
30	City, S 05-399-8245	tate & Zip			
	Daytime Telephone number				

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

ARTICLES OF INCORPORATION

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

TRANCE I NAME The name of the corporate	ion shall be: BALDINES CORP	Disambining the second second in the second secon	
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	Mailing address, if different	is:
10210 SW 215TH	I ST	10210 SW 215TH ST	
CUTLER BAY, F		CUTLER BAY, FL 33189	
ARTICLE III PURPO	SE se corporation is organized is:		
ANY AND ALL L	AWFUL BUSINESS		

			<u> </u>
1071671 E 117 - CU 401	re.		regn cr ot
ARTICLE IV SHARE The number of shares of s	stock is: 100	.	-
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
	Wilfredo Izquierdo Ramos, P	Name and Title:	
Address	10210 SW 215th St	Address:	ند :::
	CUTLER BAY, FL 33189		
		 	
Name and Title:		Name and Title:	
Address		Address:	
			
Name and Title:		Name and Title:	
Address		Address:	
		•	

Oc F. 11. 2022 12:03PM Name and Title:	Name an	#22000.2774 f. 58)
Address	Address:	· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
_ 		
ARTICLE VI DECLETERED ACCORD		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. 1	Box NOT acceptable) of the register	red agent is:
	zquierdo Ramo	
	115th St	
Mittoe Ra	4. FL 33189	
<u>Carren</u> ou	1.400001	
ARTICLE VII INCORPORATOR		

The name and address of the Incorporator is:	T ()	•
Name: WITTEGO.	Lzoulerdo	-, -
Address: 102 0 SW	215 ^m St	
Cutter Bo	IU. FL 33189	, - •
	J	
ARTICLE VIII EFFECTIVE DATE:	alidoa	02
Effective date, if other than the date of filing:	1011122	20000000000000
(If an effective date is listed, the date must filing.)	be specific and cannut be more fi	han five days prior or 90 days after the
Note: If the date inserted in this block does not the document's effective date on the Department.	of meet the applicable statutory fillent of State's records.	ing requirements, this date will not be listed as
Having been named as registered agent to acce- certificate, I am familiar with and accept the a	ept service of process for the above . ppointment as registered agent and	stated corporation at the place designated in this I agree to act in this capacity—:
tileth-		idiilə
Required Signature/	Registered Agent	Date
I submit this document and affirm that the fa	acts stated herein are true. I om a	none di a di Citata
document to the Department of State constitute	es a third degree felony as provided	for in s.817.155, F.S.
986		10/11/20
Required Signature/Incorporator		Date Date