

P22000093537

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 : 120180000033
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:

TKFAST@GMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION APPROVED ACCESS INC

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

2022 DEC 20 11 2:59

COVER LETTER

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

SUBJECT: Approved Access 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: Alfredo A Gonzalez
Name (Printed or typed)

6075 W Commercial Blvd
Address

Tamarac, FL 33319
City, State & Zip

561-281-1772
Daytime Telephone number

aayrg1965@yahoo.com
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I. NAME

The name of the corporation shall be: Approved Access Inc.

ARTICLE II. PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

6075 W Commercial Blvd Tamarac FL 33319

6075 W Commercial Blvd Tamarac FL 33319

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is: Business Management

ARTICLE IV. SHARES

The number of shares of stock is: 1000

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alfredo A Gonzalez PVTD

Name and Title: _____

Address: 6075 W Commercial Blvd

Address: _____

Tamarac FL 33319

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

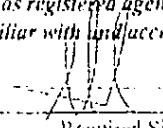
Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

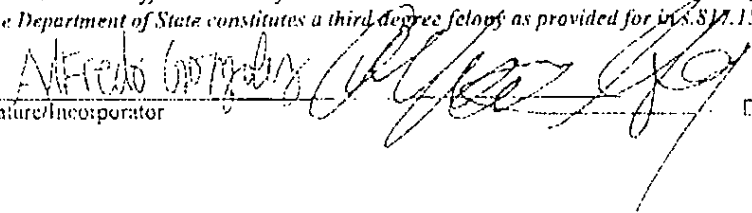
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: CBS Financial CPAAddress: 6075 W Commercial BlvdTamarac FL 33319ARTICLE VII INCORPORATORThe name and address of the incorporator is:Name: Alfredo A GonzalezAddress: 6075 W Commercial BlvdTamarac FL 33319ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 12/19/2022 (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*

Required Signature/Registered Agent12/19/2022

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 17.155, F.S.

Required Signature/Incorporator12/19/2022

Date