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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: 2kandsons1725@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
2K AND SONS TRANSPORT 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: **2K AND SONS TRANSPORT 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: **MARITZA SURRIBAS**  
Name (Printed or typed)

**2212 NW 7TH PL**  
Address

**CAPE CORAL, FL 33993**  
City, State & Zip

**239-443-0803**  
Daytime Telephone number

**2KANDSONS1725@GMAIL.COM**  
E-mail address: (to be used for future annual report notification)

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

2023

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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 2K AND SONS TRANSPORT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2212 NW 7TH PL  
CAPE CORAL, FL 33993

2212 NW 7TH PL  
CAPE CORAL, FL 33993

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: MARITZA SURRIBUS, P Name and Title: \_\_\_\_\_

Address: 2212 NW 7TH PL Address: \_\_\_\_\_  
CAPE CORAL, FL 33993

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

2023 FEB 20 11 03 AM

Feb. 20, 2023 3:10 PM

H 23-7265-57143

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: Maritza Surribas  
 Address: 2212 NW 7<sup>th</sup> PL  
Cape Coral, FL 33993

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Maritza Surribas  
 Address: 2212 NW 7<sup>th</sup> PL  
Cape Coral, FL 33993

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/20/2023 (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

02/20/2023  
 \_\_\_\_\_  
 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

02/20/2023  
 \_\_\_\_\_  
 Date