

P2300036670

Florida Department of State
Division of Corporations
Business Licensing Services

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((H23000173255 3))



H230001732553A50

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : I2018000033
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: leomatin.204@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
COMITE FIESTA MADRE NICARAGUENSE INC**

RECEIVED

2023 MAY -9 PM 3:57

OPERATIONS
COMMERCIAL
SERVICES

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9 AM 8:17

FILED

May. 9. 2023 2:30PM

COVER LETTER

No. 7592 P. 2
11220001732553

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

SUBJECT: COMITE FIESTA MADRE NICARAGUENSE 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: LEONEL ANTONIO MATUS
Name (Printed or typed)

520 SW 5 AVE APT 3
Address

MIAMI, FL 33130
City, State & Zip

786-366-1999
Daytime Telephone number

LEOMATUS304@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

May. 9. 2023 2:30PM

H2 No. 7592/P. 32573

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: COMITE FIESTA MADRE NICARAGUENSE INC

ARTICLE II PRINCIPAL OFFICE
Principal street address: 520 SW 5 AVE APT 3
MIAMI, FL 33130
Mailing address, if different is: 520 SW 5 AVE APT 3
MIAMI, FL 33130

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:	<u>(P) LEONEL ANTONIO MATUS</u>	Name and Title:	_____
Address	<u>520 SW 5 AVE APT 3</u> <u>MIAMI, FL 33130</u>	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

11230001730553

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: LEONEL ANTONIO MATUS
 Address: 520 SW 5 AVE APT 3
MIAMI, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LEONEL ANTONIO MATUS
 Address: 520 SW 5 AVE APT 3
MIAMI, FL 33130

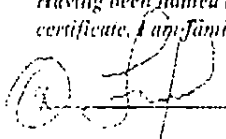
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05-09-2023 (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.

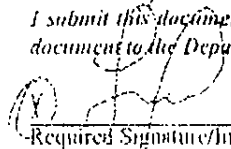
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

5/9/2023
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.



Required Signature/Incorporator

5/9/2023
Date