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

From: Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : J20180000033
Phone : (305)895-3516
Fax Number : (305)887-5844

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SECRETARY OF STATE
TALLAHASSEE, FL

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

carvajalbyron23@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
BYRON TRANSPORT CORP

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

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CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6227
Tallahassee, FL 32314

SUBJECT: **BYRON 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 ☐ \$75.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$75.75 ☐ \$87.50
Filing Fee Filing Fee
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **VICTOR H. MORALES**
Name (Printed or typed)

435 E. 23RD ST APT. FRONT-UP

Address

HALEAH, FL 33013

City, State & Zip

305-647-8618

Daytime Telephone number

CARVAJALBYRON23@GMAIL.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 611, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

BYRON TRANSPORT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

**435 E. 23RD ST APT: FRONT-UPSTAIRS
HIALEAH, FL 33013**

**435 E. 23RD ST APT: FRONT-UPSTAIRS
HIALEAH, FL 33013**

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: **VICTOR H. MORALES, P**

Name and Title: _____

Address **435 E 23RD ST
APT: FRONT-UPSTAIRS
HIALEAH, FL 33013**

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: VICTOR H. MORALES
 Address: 435 E 23RD ST APT: FRONT-UPSTAIRS
HALEAH, FL 33013

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: VICTOR H. MORALES
 Address: 435 E 23RD ST APT: FRONT-UPSTAIRS
HALEAH, FL 33013

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing, 07/31/2023 (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] 07/31/2023
 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.

[Signature] 07/31/2023
 Required Signature Incorporator Date

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