

Feb: 13, 2024 2:26PM

P2400001563

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H240000605213)))



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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)805-3515
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:

marlatguezias1990@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
EQUINE LIFESTYLE INC

Certificate of Status	0
Certified Copy	0
Page Count	04
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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: **EQUINE LIFESTYLE INC**
(PROPOSED CORPORATE NAME MUST INCLUDE STATE)

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: **MARIA E. IGLESIAS**
Name (Printed or typed)

1411 LENAPE DR
Address

MIAMI SPRINGS, FL 33166
City, State & Zip

786-218-0648
Daytime Telephone number

MARIAIGLESIAS1990@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 607.1, F.S. (Profit)

ARTICLE NAME

The name of the corporation shall be _____

EQUINE LIFESTYLE INC

ARTICLE II. PRINCIPAL OFFICE

Principal street address

Minimum address, if different is:

1411 LENAPE DR
MIAMI SPRINGS, FL 33166

1411 LENAPE DR
MIAMI SPRINGS, FL 33166

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: (P) Maria E. Iglesias Name and Title: _____

Address 1411 Lenape Dr Address. _____
Miami Springs, FL 33166

Name and Title: (VP) Edgar Mejia Medina Name and Title:

Address 1411 Lenape Dr Address _____
Miami Springs, FL 33166

Name and Title	Name and Title
----------------	----------------

Address	Address
---------	---------

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FBI

Name and Title

Name and Title

Address

Address

ARTICLE IV REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is

Name:

MARIA E. IGLESIAS

Address:

1411 LENAPE DR
MIAMI SPRINGS, FL 33166

ARTICLE V INCORPORATOR

The name and address of the Incorporator is

Name:

MARIA E. IGLESIAS

Address:

1411 LENAPE DR
MIAMI SPRINGS, FL 33166

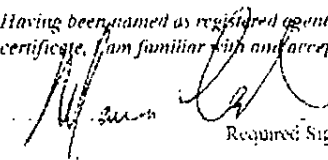
ARTICLE VII EFFECTIVE DATE:

Effective date, if other than the date of filing, 02-13-2024 (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:

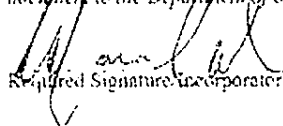


Required Signature/Registered Agent

02-13-2024

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 §17.155, F.S.



Required Signature/Incorporator

02-13-2024

Date

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