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From: An A Ə	<pre>x Number : (850)617-6331 count Name : THREE K FAST CARRIER SERVICES INC count Number : 120180000033 none : (305)805-3516 ax Number : (305)887-5844</pre>	
zonuð Emsil	email address for this business entity to be used for future report mailings. Enter only one email address please.** Image: State only one email address please.** Address: nicksorci78@gmail.com Image: State only one email address please.** ORIDA PROFIT/NON PROFIT CORPORATION Image: State only one email address please.**	
Certificate of Status Certified Copy Page Count Estimated Charge	ENTURA GLOBAL TRANSPORTATION CORP	
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FEB 29 2024

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February 28, 2024

FLORIDA DEPARTMENT OF STATE THREE & FAST CARRIER SERVICES INC

SUBJECT: AVENTURA GLOBAL TRANSPORTATION CORP REF: W24000033388

We have received your document for AVENTURA GLOBAL TRANSPORTATION CORP . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A page or pages of the document are horizontal. Each page of the document must be faxed or printed in a layout that is vertical or in portrait mode.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson Regulatory Specialist II FAX Aud. #: H24000073223 Letter Number: 624A00004371

pagestotal + 47.11 P.O. BOX 6327 - Tallahassee, Florida 32314

H2411111732233

COVER LETTER

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

SUBJECT: AVENTURA GLOBAL TRANSPORTATION CORP (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:



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		n compliance with Cha		r Chapter 621,				
TICLE I NAME c pame of the corporati	ion shai	be: AVENTUR	A GLOB	AL TRA	NSPO	RTATION	FEBRER P	M 4: 1
TICLE II PRINC		DEFICE			Mailing	address, if different	RETARY O	F STA EE FL
101 RAVENS	WOOI	RD STE 317	1		RAVE	NSWOOD RD	STE 317	—
FT. LAUDERD	ALE	, FL 33312		FT. I	LAUDE	ERDALE, FL	33312	
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Name and Title			_			RAVENSWOOD		,
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<u>RTICLE VI</u>	<u>REGISTERI</u>	<u>EDAGENT</u>
The same and H		address (P.O. Box NOT acceptable) of the registered agent is:
Name:		IOLAS SORCI
Addresa:		LAUDERDALE, FL 33312
	£T.	MODERDAILE, FI 53512
ARTICLE MIL	INCORPOI	RATOR
		ncorporator is:
Name:		HOLAS SORCI
		1 RAVENSWOOD RD STE 317
Address:	FT.	
ARTICLE VI	<u>IL EFFECT</u>	the date of filing: (OPTIONAL)
Effective date.	if other than e date is liste	the date of filing: (OPTIONAL) ed, the date must be specific and cannot be more than five days prior or 90 days after the
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(If an effectiv filing.) Note: If the d	ate inserted in s effective dat	a this block does not meet the applicable statutory filing requirements, this date will not be listed as
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