Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000086011 3)))



H240000860113ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033 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.

FLORIDA PROFIT/NON PROFIT CORPORATION **BUSA TRANSPORT CORP**

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

240000860113

COVER LETTER

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

SUBJECT: BUSA TRANSPORT CORP				
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFES	
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
X S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITI		IONAL COPY REQUIRED	
FROM:	IVETTE M.	VAZQUEZ e (Printed or typed)		
 -	409 REI			
		Address		
	BARTOW,		·	
	813-981			
E	Daytime 1	EFLORALS@GM	IAIL.COM	
	E-mail address: (to be use	d for future annual report n	otification)	

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

4240000860113

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corporation shall be: BUSA TRANSPORT CORP			
ICLE II PRINC	CIPAL OFFICE Principal street address	Mailing add	lress, if different is:
409 RE	INA WAY	409 REIN	
	/, FL 33830	BARTOW,	_ -
		DARTOW,	1 L 33030
	2SE he corporation is organized is:		
NY AND	ALL LAWFUL BU	SINESS	
		,	<u></u>
			F.W.
			77E 7
· · · · · · · · · · · · · · · · · · ·			- i - i
			- 4
			-문헌 : 3
ICLE IV SHAR			TOTALE OF THE PARTY OF THE PART
ICLE V INTL	ES stock is: 100 LOFFICERS AND/OR DIRECTORS E(P) IVETTE M. VAZQUEZ 409 REINA WAY BARTOW, FL 33830		SH 3
Name and Tith Address Name and Title	LOFFICERS AND/OR DIRECTORS (P) IVETTE M. VAZQUEZ 409 REINA WAY BARTOW, FL 33830	Address: Name and Title:	\$ A 3
Name and Title Address	LOFFICERS AND/OR DIRECTORS (P) IVETTE M. VAZQUEZ 409 REINA WAY BARTOW, FL 33830	Address: Name and Title:	\$ A 3
Name and Tith Address Name and Title Address	E.(P) IVETTE M. VAZQUEZ 409 REINA WAY BARTOW, FL 33830	Address: Name and Title: Address: Name and Title:	
Name and Tith Address Name and Title Address	E.(P) IVETTE M. VAZQUEZ 409 REINA WAY BARTOW, FL 33830	Address: Name and Title: Address: Name and Title:	

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI R. The name and Flor	EGISTERED AGENT idda street niddress (P.O. Box NOT acceptable) of ti	he regist ered ageu t is:	
Name:	IVETTE M. VAZQUEZ		
Address:	409 REINA WAY		13. 13.
Addless.	BARTOW, FL 33830		MILLAHK SECRET
ARTICLE VII E	NCORPORATOR		
The manne and edd	cess of the Incorporator is:		SESSES OF SESSES
Name:	IVETTE M. VAZQUEZ	•	
Address:	409 REINA WAY	_	Σ ^m ·
	BARTOW, FL 33830	_	
Effective date, if o	ther than the date of filing: 03-04-202 te is listed, the date must be specific and cannot	de more than five days prior of	r 90 days after the
Note: If the date in the document's eff	nserted in this block does not meet the applicable s fective date on the Department of State's records.	statutory filing requirements, this	date will not be listed as
Having been name certificate I am fa	ed as registered agent to accept service of process for mility with and accept the appointment as registere	r the above stated corporation at t d agent and agree to act in this ca	he place designated in this pacity
X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ht. TW Varaign	(03-04-2024
/ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Required Signature Regulered Agent		Date
I submit this docu	ment and offirm that the faces stated herein are to epartment of State constitutes a third degree felony	rue. I am aware that the false in as provided for in x 817.155. F.S.	formation submitted in a
KN X	SIAM Vozallez		03-04-2024
Required Stepaper	expectational The Control of the Con	Date	