

P240001009863

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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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)805-3516
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: SJUANCARLITO23@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
ANGELLY MARINE INC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3/18/24

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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: **ANGELLY MARINE 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

First Name: **SOFIA**
FROM: (2) Last Names: **CESPEDES RIVERA**
Name (Printed or typed)

13759 SE 49TH ST
Address

MIAMI, FL 33175
City, State & Zip

786-643-5684
Daytime Telephone number

SJUANCARLITO23@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 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ANGELLY MARINE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

13759 SE 49TH ST

13759 SE 49TH ST

MIAMI FL 33175

MIAMI FL 33175

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) SOFIA CESPEDES RIVERA** Name and Title:

Address: **13759 SE 49TH ST**
MIAMI, FL 33175

Address:

Name and Title: **(VP) JUAN SANCHEZ CESPEDES** Name and Title:

Address: **13759 SE 49TH ST**
MIAMI, FL 33175

Address:

Name and Title: Name and Title:

Address:

Address:

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TALLAHASSEE, FLORIDA

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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: SOFIA CESPEDES RIVERA
Address: 13759 SE 49TH ST
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SOFIA CESPEDES RIVERA
Address: 13759 SE 49TH ST
MIAMI, FL 33175

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03-15-2024 (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

(X) *Sofia Cspedes*
Required Signature/Registered Agent

03-15-2024
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 s.817.155, F.S.

(X) *Sofia Cspedes*
Required Signature/Incorporator

03-15-2024
Date

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TALLAHASSEE, FLORIDA