

P240000021940

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.

((H24000114726 3)))



H240001147263ABC.

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.

Email Address: Medinaguille78@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
MEDINAS TRANSPORT SERVICES INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

2028 Nov 21 11:29

COVER LETTER

#240001147263

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

SUBJECT: **MEDINAS TRANSPORT SERVICES 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 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: **First Name: GUILLERMO**
(2) Last Names: MEDINA HERNANDEZ
Name (Printed or typed)

11201 SW 55TH ST BOX 467

Address

MIRAMAR, FL 33029

City, State & Zip

786-563-6512

Daytime Telephone number

MEDINAGUILLE78@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

2023 MAR 21 1:29

H24000114D263

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: MEDINAS TRANSPORT SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

11201 SW 55TH STREET BOX 467
MIRAMAR, FL 33029

11201 SW 55TH STREET BOX 467
MIRAMAR, FL 33029

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

(P) Guillermo Medina Hernandez	
Name and Title: _____	Name and Title: _____
Address <u>11201 SW 55th ST box 467</u>	Address: _____
<u>MIRAMAR, FL 33029</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

2023 / A: 27 / A: 1: 29

H24000114726

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: GUILLERMO MEDINA HERNANDEZ
Address: 11201 SW 55TH ST BOX 467
MIRAMAR, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GUILLERMO MEDINA HERNANDEZ
Address: 11201 SW 55TH ST BOX 467
MIRAMAR, FL 33029

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03-27-2024 (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.

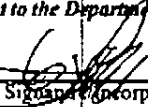
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

(X)  _____
Required Signature/Registered Agent

03-27-2024

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.817.133, F.S.

(X)  _____
Required Signature/Incorporator

Date 03-27-2024

2023 MAR 27 PM 1:29