

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P24000057340

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

((H24000306348 3)))

FL
9-10-24



H240003063483ABC

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: Wilsonvalencia14@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
WM TRANSPORT SERVICES CORP

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

2024 SEP -9 PM 4: 38
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

RECEIVED

2024 SEP -9 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

VB

2

COVER LETTER

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

SUBJECT: **WM TRANSPORT SERVICES CORP**
(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: **WILSON VALENCIA**
Name (Printed or typed)

6263 FICUS LN
Address

LAKE WORTH, FL 33462
City, State & Zip

954-901-5381
Daytime Telephone number

WILSONVALENCIA14@GMAIL.COM
E-mail address: (to be used for future annual report notification)

FILED
2024 SEP -9 PM 4:38
STATE OF FLORIDA
TALLAHASSEE, FL

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

H240003063483

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: **WM TRANSPORT SERVICES CORP**

ARTICLE II PRINCIPAL OFFICE
Principal street address

6263 FICUS LN
LAKE WORTH, FL 33462

Mailing address, if different is:

6263 FICUS LN
LAKE WORTH, FL 33462

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) WILSON VALENCIA** Name and Title: _____
Address: **6263 FICUS LN** Address: _____
LAKE WORTH, FL 33462 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

FILED
2024 SEP -9 PM 4:38
STATE
SECRETARY
FL

H24000306348

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: WILSON VALENCIA
 Address: 6263 FICUS LN
LAKE WORTH, FL 33462

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: WILSON VALENCIA
 Address: 6263 FICUS LN
LAKE WORTH, FL 33462

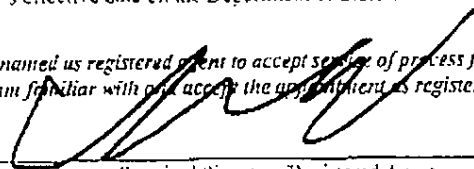
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09-09-2024 (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.

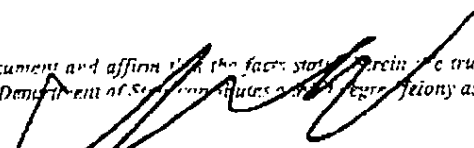
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:



 Required Signature: Registered Agent

FILED
 2024 SEP -9 PM 4:38
 09-09-2024
 STATE
 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 is a crime as provided for in s.817.155, F.S.



 Required Signature: Incorporator

09-09-2024
 Date

H 240003063483