

P240000060686

Florida Department of State
Division of Corporations
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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: AG3984056@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION GUANABO TRANSPORT INC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: GUANABO TRANSPORT 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

First Name: ANGEL
FROM: (2) Last Names: GARCIA ACOSTA
Name (Printed or typed)

8855 SW 127TH TERR

Address

MIAMI, FL 33176

City, State & Zip

305-878-0254

Daytime Telephone number

AG3984056@GMAIL.COM

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

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

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:

GUANABO TRANSPORT INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

**8855 SW 127TH TERR
MIAMI, FL 33176**

**8855 SW 127TH TERR
MIAMI, FL 33176**

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) Angel Garcia Acosta**

Name and Title:

Address

**8855 SW 127th TERR
MIAMI, FL 33176**

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF STATE
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: ANGEL GARCIA ACOSTA

Address: 8855 SW 127TH TERR

MIAMI, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANGEL GARCIA ACOSTA

Address: 8855 SW 127TH TERR

MIAMI, FL 33176

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09-27-2024 (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

(Signature)

Required Signature/Registered Agent

09-27-2024

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.817.155, F.S.

(Signature)

Required Signature/Incorporator

09-27-2024

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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