

Nov. 11. 2024 12:33PM
11/11/24, 12:27 PM

No. 0030 P. 1

Division of Corporations

Florida Department of State

Division of Corporations

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11-13-24

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Fax Number : (850)617-6381

From:
Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : 120180000033
Phone : (305)805-3516
Fax Number : (305)367-5844

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: 1y2servicescorp@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
1 & Y 2 SERVICES CORP

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

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No. 9838 P. 2

COVER LETTER

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

SUBJECT: **I & Y 2 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 Filing Fee, & Certified Copy & Certificate of Status	☐ \$81.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

IVAN CRUZ

FROM: _____
Name (Printed or Typed)

5148 NW 30TH ST

Address

OKEECHOBEE, FL 34972

City, State & Zip

786-257-6329

Daytime Telephone number

IY2SERVICESCORP@YAHOO.COM

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

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

240003745143

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

ARTICLE I NAMEThe name of the corporation shall be: **I & Y 2 SERVICES CORP****ARTICLE II PRINCIPAL OFFICE**

Principal street address

**5148 NW 30TH ST
OKEECHOBEE, FL 34972**

Mailing address, if different from

**5148 NW 30TH ST
OKEECHOBEE, FL 34972****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) IVAN CRUZ**

Name and Title:

Address:

**5148 NW 30TH ST
OKEECHOBEE, FL 34972**

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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STATE
OF FLORIDA
SECRETARY OF STATE

FILED

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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: IVAN CRUZ
Address: 5148 NW 30TH ST
OKEECHOBEE, FL 34972

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: IVAN CRUZ
Address: 5148 NW 30TH ST
OKEECHOBEE, FL 34972

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11-11-2024 (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 filing will be deemed to be 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] 11-11-2024
Registered Signature/Registered Agent 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 §817.132, F.S.

[Signature] 11-11-2024
Required Signature/Incorporator Date

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STATE
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