

**P25000004727**  
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 : 120180000033  
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: JuanYandiel22@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AGUADO TRUCKING INC**

Certificate of Status	0
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Corporate Filing Menu

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TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: **AGUADO TRUCKING 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: **JUAN**  
FROM: **(2) Last Names: AGUADO VALDES**  
Name (Printed or typed)  
**2255 NW 15TH ST**  
Address  
**CAPE CORAL, 33993**  
City, State & Zip  
**239-203-8566**  
Daytime Telephone number  
**JUANYANDIEL22@YAHOO.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: AGUADO TRUCKING INC

ARTICLE II PRINCIPAL OFFICE  
Principal street address: 2255 NW 15TH ST  
CAPE CORAL, FL 33993  
Mailing address, if different is: 2255 NW 15TH ST  
CAPE CORAL, FL 33993

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) Juan Aguado Valdes  
Address: 2255 NW 15TH ST  
CAPE CORAL, FL 33993

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: **JUAN AGUADO VALDES**  
Address: **2255 NW 15TH ST**  
**CAPE CORAL, FL 33993**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **JUAN AGUADO VALDES**  
Address: **2255 NW 15TH ST**  
**CAPE CORAL, FL 33993**

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: **01-28-2025** (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

**01-28-2025**  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

**01-28-2025**  
\_\_\_\_\_  
Date

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TALLAHASSEE, FL

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