

Florida Department of State

Division of Corporations

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FL 22525

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To:

Division of Corporations
Fax Number : (850)617-5381

From:

Account Name : THREE & FAST CARRIER SERVICES INC
Account Number : 170180000033
Phone : (305)885-3516
Fax Number : (305)887-5804

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

Email Address: BROTRANSPORTCORP@GMAIL.COM

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FLORIDA DEPT OF STATE

FLORIDA PROFIT/NON PROFIT CORPORATION BRO TRANSPORT CORP

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COVER LETTER

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

SUBJECT: **BRO TRANSPORT 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 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **FIRST NAME - MARIA**
(2) LAST NAMES - TIRSE FUENTES

Name (Printed or typed)

3050 LA SPEZIA CIR APT 236

Address

KISSIMMEE, FL 34741

City, State & Zip

407-516-9402

Daytime Telephone number

BROTRANSPORTCORP@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:

BRO TRANSPORT CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address:**3050 LA SPEZIA CIR APT 236
KISSIMME, FL 34741**

Mailing address, if different is:

**3050 LA SPEZIA CIR APT 236
KISSIMME, FL 34741****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) Maria Tirse Fuentes**

Address:

**3050 La Spezia Cir Apt 236
Kissimmee, FL 34741**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title:

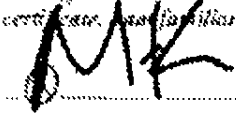
Address:

ARTICLE VI. REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: **MARIA TIRSE FUENTES**Address: **3050 LA SPEZIA CIR APT 236****KISSIMMEE, FL 34741**ARTICLE VII. INCORPORATORThe name and address of the incorporator is:Name: **MARIA TIRSE FUENTES**Address: **3050 LA SPEZIA CIR APT 236****KISSIMMEE, FL 34741**ARTICLE VIII. EFFECTIVE DATE:Effective date, if other than the date of filing: **02-24-2025** (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 based on 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, and familiar with and accept the appointment as registered agent and agree to act in this capacity:



Required Signature/Registered Agent

02-24-2025

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 §817.133, F.S.



Required Signature/Incorporator

02-24-2025

Date