

Cat
8

P19 0000324180
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

(((H19000126666 3)))



H190001266663ABC4

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
19 APR 17 AM 10:47

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SMART FUELING CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

APR 18 2019
C Kinsey

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Smart Fueling Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

531 NW 132nd Ave, Miami FL 33182

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Anisleidy Quintero (P)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 APR 17 AM 10:47

EL

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Anisleidy Quintero

531 NW 132nd Ave

MIAMI, FL 33182

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

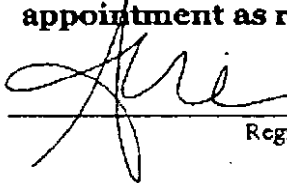
Anisleidy Quintero

531 NW 132nd Ave

MIAMI, FL 33182

Required Signatures:

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

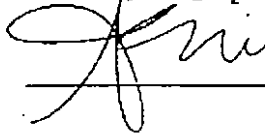


Registered Agent

04/17/19

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.



Incorporator

04/17/19

Date

FILED
19 APR 17 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA