

3/6/2020

P20000020647
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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

****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
CARCOIL.US CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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020A-5170

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Corporate Filing Menu

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3/9/2020

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: CARKOIL.US CORP.

<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is:
<u>20320 NE 34TH COURT - UNIT 32</u>	<u>20320 NE 34TH COURT - UNIT 32</u>
<u>AVENTURA, FL. 33180</u>	<u>AVENTURA, FL. 33180</u>

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: IMPORTATION OF LUBRICANTS & INDUSTRIAL PARTS

ARTICLE IV SHARES 1,000 SHARES AT \$1.00 PAR VALUE
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Angelats Neyra, Guillermo E., PR</u>	Name and Title: _____
Address: <u>20320 NE 34th Court, Unit 32</u>	Address: _____
<u>Aventura, Fl. 33180</u>	_____
_____	_____
Name and Title: <u>Angelats Neyra, Franklin William, V.P.</u>	Name and Title: _____
Address: <u>20320 NE 34th Court, Unit 32</u>	Address: _____
<u>Aventura, Fl. 33180</u>	_____
_____	_____
Name and Title: <u>Angelats Neyra, Julio Cesar, SEC</u>	Name and Title: _____
Address: <u>20320 NE 34th Court, Unit 32</u>	Address: _____
<u>Aventura, Fl. 33180</u>	_____
_____	_____

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TALLAHASSEE, FLORIDA

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: CABANAS & ASSOCIATES, P.A.
 Address: 8350 NW 52ND TERRACE - STE. #208
 DORAL, FL. 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CABANAS & ASSOCIATES, P.A.
 Address: 8350 NW 52ND TERRACE - STE. #208
 DORAL, FL. 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: N/A

(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

MARCH 6, 2020

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

MARCH 6, 2020

Date

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 TALLAHASSEE, FLORIDA