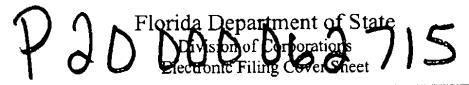
Division of Corporations



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.

(((H20000285334 3)))



H200802853343ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

(3)	4:36
•	PH
	AUG 18
ندو: * •	020 A

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 **MUAA 3 BROTHERS TOWING INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

8005 NW 8 ST APT 415	<u>EINCIPAL OFFICE</u> Principal <u>street</u> address	Mailing a 8005 NW 8 ST APT	iddress, if different is:
MIAMI, FL 33126		MIAMI, FL 33126	410
RTICLE III PU	(RPOSE) ich the corporation is organized is:	G SERVICES	
TICLE IV SH	ARES 100 SHAPES		
TICLE Y INI	S of stock is: 100 SHARES STIAL OFFICERS AND/OR DIRECTORS Title: MAIKEL O. ALFONSO RODRIGU	JEZiame and Title:	
RTICLE Y INI	TIAL OFFICERS AND/OR DIRECTORS Title: MAIKEL O. ALFONSO RODRIGU	A 11	
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTORS Title: MAIKEL O. ALFONSO RODRIGU	A 11	
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTORS Title: MAIKEL O. ALFONSO RODRIGU 1280 W 54TH ST APT 320	Address:	
Name and C	TIAL OFFICERS AND/OR DIRECTORS Title: MAIKEL O. ALFONSO RODRIGU 1280 W 54TH ST APT 320 HIALEAH, FL 33012 PRESIDENT (50 SHARES)	Address:	
Name and C	TIAL OFFICERS AND/OR DIRECTORS Title: MAIKEL O. ALFONSO RODRIGU 1280 W 54TH ST APT 320 HIALEAH, FL 33012 PRESIDENT (50 SHARES) itle: ULISES ALFONSO RODRIGUS	Address:	
Name and Address Name and T	TIAL OFFICERS AND/OR DIRECTORS Title: MAIKEL O. ALFONSO RODRIGU 1280 W 54TH ST APT 320 HIALEAH, FL 33012 PRESIDENT (50 SHARES) itle: ULISES ALFONSO RODRIGUS	Address:	
Name and Address Name and T	TIAL OFFICERS AND/OR DIRECTORS Title: MAIKEL O. ALFONSO RODRIGU 1280 W 54TH ST APT 320 HIALEAH, FL 33012 PRESIDENT (50 SHARES) itle: ULISES ALFONSO RODRIGUE 8005 NW 8 ST APT 415	Address:	2020
Name and T Address Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: MAIKEL O. ALFONSO RODRIGU 1280 W 54TH ST APT 320 HIALEAH, FL 33012 PRESIDENT (50 SHARES) itle: ULISES ALFONSO RODRIGUS 8005 NW 8 ST APT 415 MIAMI, FL 33126	Address:	2020 i US
Name and T Address Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: MAIKEL O. ALFONSO RODRIGU 1280 W 54TH ST APT 320 HIALEAH, FL 33012 PRESIDENT (50 SHARES) itle: ULISES ALFONSO RODRIGUS 8005 NW 8 ST APT 415 MIAMI, FL 33126 VICE-PRESIDENT (50 SHARES)	Address: ZName and Title: Address: Name and Title:	2D20 JUS 18
Name and T Address Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: MAIKEL O. ALFONSO RODRIGU 1280 W 54TH ST APT 320 HIALEAH, FL 33012 PRESIDENT (50 SHARES) itle: ULISES ALFONSO RODRIGUE 8005 NW 8 ST APT 415 MIAMI, FL 33126 VICE-PRESIDENT (50 SHARE	Address:	2 <u>0</u> 20 /US 1 8

Name a	and Title: Name	and Title:
Addre	ss Addre	:ss:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the regi	stered agent is:
Name:	ULISES ALFONSO RODRIGUEZ	
Address:	8005 NW 8 ST APT 415	
	MIAMI, FL 33126	
ARTICLE VII	INCORPORATOR	-
The name and	address of the Incorporator is:	
Name:	MAIKEL O. ALFONSO RODRIGUEZ	
Address:	1280 W 54TH ST APT 320	
	HIALEAH, FL 33012	
Effective date, i	EFFECTIVE DATE: if other than the date of filing: AUGUST 18, 2020 date is listed, the date must be specific and cannot be mo	
	te inserted in this block does not meet the applicable statutor effective date on the Department of State's records.	y filing requirements, this date will not be listed as
Having been this certificat	named as registered agent to accept service of process for the le. Fam familiar with and accept the appointment as registered life.	above stated corporation at the place designated in agent and agree to act in this capacity 08/18/2020
	. Required Signature/Registered Agent	Date
	s document and affirm that the facts stated herein are true. I did Department of State constitutes a third degree felony as pro	
, ,		08/18/2020
<u> </u>	equired Signature/Incorporator	Date
,		2020
		2020 AUG