

Division of Corporations Public Access System

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.

(((H07000277339 3)))



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:

: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Account Number: I2000000146

Phone

: (305)444-4994

Fax Number

: (305)444-4977

FLORIDA PROFIT/NON PROFIT CORPORATION

POWER TRUCKS OSF, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

11/12/2007

https://efile.sunbiz.org/scripts/efilcovr.exe

ſ.q

(((H07000277339)))

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:

Power Trucks OSF, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 16601 NW 8th Avenue
Miaml, Florida 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful and legal purpose.

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares @ \$ 1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(cs) and specific title(s):

John Scopetta, President 16601 NW 8th Avenue Miami, Florida 33169

George Scopetta, VP 16601 NW 8th Avenue Mlami, Florida 33169



(((H07000277339)))

ARTICLE VI ___ REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: John Scopetta

16601 NW 8th Avenue Mlami, Florida 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: John Scopetta
16601 NW 8th Avenue
Miami, Florida 33169

Having licen named as registered agent to accept service of process for the above stated corporation of the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent Date

Signature/Incorporator Date

OT NOV 13 PH 3 4
SECRETARY OF STATE
TALLAHASSEE, FLORIE