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Special Instructions to Filing Officer:	Certified Copies Certificates of Status			
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SECRETARY OF STATE
TALLAHASSEE, FLORING

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COVER LETTER

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

SUBJECT: Fuel Trader Supply Gr	oup, Inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Kevin A. Carreno	e (Printed or typed)
735 Arlington Ave, N., S	uite 203 Address
St. Petersburg, FL 337	01 State & Zip
813-943-2386 Daytime T	elephone number
kcarreno1960@gmail.co	d 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)

The name of the corpo	ME Fuel Trader Supply Groration shall be:	oup, Inc.	
ARTICLE II P	RINCIPAL OFFICE		
004	Principal street address	Ma	iling address, if different is:
	01 Executive Drive		
Sui	te #217		
Cie	arwater, FL 33762		
ARTICLE III PU	URPOSE		
The purpose for which	ch the corporation is organized is:		
ANY AND ALL	LAWFÜL BUSINESS		PS =
			SS 3
			€E S
			京会 「 T
<u>ARTICLE IV</u> S.	HARES		E CO
The number of shares			TO TO
			87 :
	NITIAL OFFICERS AND/OR DIRECTO		₽# 9
Name and Title	:Kevin A Carreno - President		
Address:	735 Arlington Ave. N Suite 203		
	St. Petersburg, FL 33701		
Name and Title	:	Name and Title:	
Address:			
Nama and Title		Numer and Title.	
Address:	:	Name and Title:	
Address.			
			
			
	EGISTERED AGENT		
The <u>name and Florid</u>	a street address (P.O. Box NOT acceptable)	of the registered agent is	s:
Name: Address:	Kevin A Carreno - President		
Address;	735 Arlington Ave. N Suite 203 St. Petersburg, FL 33701	-	
	St. Petersburg, FL 33701		
ARTICLE VII IN	VCORPORATOR		
The <u>name and addre</u> s	ss of the Incorporator is:		
Name:	Kevin A Carreno - President		
Address:	735 Arlington Ave. N Suite 203		
	St. Petersburg, FL 33701		
Having been named	as registered agent to accept service of proc	ess for the above stated	corporation at the place designated in
this certificate, I am f	amiliar with and accept the appointment as re	egistered agent and agr	ee to act in this capacity
1/	, ,	_	• •
<i>K</i> ~	4. 1		5-3-12
1	Required Signature/Registered Agent		Date
/			
t submit this docume	ent and affirm that the facts stated herein a	re true. I am aware the	at the false information submitted in a
aocume n t to the Depa	artment of State constitu t es a third degree felo	ony as provided for in s.	817.155, F.S.
1/			.
1/-	4		5-3-12
	Required Signature/Incorporator		Date