Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 Phone : (850)224-8870 Fax Number : (850)222-1222

\*\*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 US EQUIPMENT JOCKEYS INC

Certificate of Status	0
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Page Count	02
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AUG. 13. 2012 9:48AM

## **COVER LETTER**

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

	MENT JOCKEYS INC
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
Filling Fee & Certificate of Status	\$87.50 Filing Fee  & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: Jim Sadi Name 5976 2046	SP (Printed or typed)  S+ #224  Address
Vero Beac	State & Zip FLORIDA 32966
954_ 3	36-4472 clephone number
Jimausza	UIPMENT JOCKEUS - COM

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)

<i>IRTICLE I</i> he name of the cor	NAME US EQUIPMENT JOC poration shall be:	KEYS INC	
RTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
<u>5</u> 9	976 20th Street #224	<del></del>	
Υı	ero Beach Florida 32966		
_			
RTICLE III F	7100ACF		
	ich the corporation is organized is:		
Jeann Fouring	nent Rental and Leasing		
roary Equipit	ion remai and Ecasing		
RTICLE IV	SHARES		
	s of stock is: 100		
RTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u>RS</u>	
Name and Titl	e:Jim Sadler President	Name and Title	:Shawn Barker_Vice President
Address:	5976 20th Street #224	Address:	5976 20th Street #224
	Vero Beach Florida 32966		Vero Beach Florida 32966
		<del>-</del> ·	
Ni-ma 4 TSA		NTs seed White-	
Address:	e:	Name and Title:	
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Name and Title	e:	_ Name and Title:	·
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מיני על היינים ביינים	EGISTERED AGENT		<del></del> 1
	da street address (P.O. Box NOT acceptable) o	f the registered spen	nt is: $\sum_{i=1}^{n} \frac{1}{n}$
Name:	Jim Sadler	t the registered age.	N. 10 10 10 10 10 10 10 10 10 10 10 10 10
Address:	5976 20th Street #224	<del></del>	max FM.
7100,000	Vero Beach Florida 32966		
	-31-17 Demine 111111111111111111111111111111111111	<del>-</del>	25 To 15
TICLE VII I	NCORPORATOR		; <del>+1-</del> <
name and addre			
Name:	Jim Sadler		<u> </u>
Address:	5976 20th Street #224	_	
	Vero Beach Florida 32966		
name and addre Name: Address:	ss of the Incorporator is:  Jim Sadier	- - - s for the above state istered agent and ag	FIFE STATE OR STATE OF STATE O
and a second second	1 ///		1 1 1 -
<u></u>	Mi / Tolle		Aug 1520,
	Required Signature/Registered Agent		(7) Date
	Wednien affiliameter Chainton (Ren)		() 2
		4 7 43	hat the false information submitted in a
C subadi this domi	ment and affirm that the facts stated herein are	JURE I OW KHARE IN	
E submit this document to the De	ment and affirm that the facts stated herein are partname of State constitutes a living Merce felong	srue. I om aware m gas provided for la s	.817.155, F.S.
Submit this document to the De	ment and affirm that the facts stated herdin are partnament of State constitutes gillied before felon	as provided for in s	.817.155, F.S.
submit this docu locument to the De	ment and affirm that the facts stated herdin are partnions of State constitutes gillied before felong	oue 1 om aware m ous provided for in s	.817.153, P.S. Aug 620/