(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



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## COVER CETTER

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

SUBJECT: Grumpy's Diesel Service, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:  \$70.00	Copy cate of
FROM: Charles S. Liberis  Name (Printed or typed)	
212 W. Intendencia St. Address	<del></del>
Pensacola, FL 32502 City, State & Zip	SEORLIA IVISION CE 12 NOV 21
850-438-9647  Daytime Telephone number	FILLU FARY OF FORP 21 PH
cliberis@liberislaw.com E-mail address: (to be used for future annual report notification)	F SPATE POSATIONS

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)

FILEU SECRETARY OF STATE CORPURATIONS

ARTICLE I	RTICLE I NAME Grumpy's Diesel Service, Inc. e name of the corporation shall be:		DIVISION OF CORPORATI			
The name of the	corporation sha	III be:		12 1011 21	DM I.EC	
ARTICLE II				12 NOV 21 PM 1: 5		
		pal <u>street</u> address		Mailing address, if different is:		
		<u> Highway 29</u> t, FL 32533				
		II, FL 32333			<del></del>	
4 D/01/01 B TT	DUDBOOD					
<i>ARTICLE III</i> The nurnose for		ooration is organized is:				
		chinery repair and any leg	al purpose.			
ARTICLE IV The number of s		. 1.000.000				
		·	ong.			
		<b>OFFICERS AND/OR DIRECT</b> To Fisenzimmer Preside		Title:		
Address:		layo Circle				
		FL 32571				
				······································		
Name and	Title: Brian D	avid Scott, Vice Presiden	t Name and	Title:		
Address:		ones St.				
	Milton,	FL 32570		1	<del></del>	
Name and Address:				Title:		
Address:		L 32571		<u> </u>		
	•					
ARTICLE VI	REGISTE	RED AGENT				
The <u>name and F</u>	lorida street ad	ddress (P.O. Box NOT acceptable		d agent is:		
Name:		es S. Liberis				
Address:	<u>2</u> 12 V	V Intendencia St.	<del></del>			
	Pens	acola, FL 32502				
ARTICLE VII				•		
The <u>name and a</u>						
Name:		rd T. Eisenzimmer				
Address:		Mayo Circle FL 32571				
Having hPen na	medlas register	red agent to accent service of pro	cess for the abo	ve stated corporation at the place design	atad in	
his certificate, I	am faniliar wi	and accept the appointment as	registered agent	and agree to act in this capacity	arca m	
- / /	$\mathcal{L}\mathcal{L}\mathcal{L}$	1/				
$-\omega$	<u> </u>			19 NOV 2012		
	Requ	pired Signature/Registered Agent		Date		
				ware that the false information submitt	ed in a	
locument to the	Department of	State constitutes a third degree fe	lony as provided	for in s.817.155, F.S.		
na 1 s	1-			19		
Kelmill	1 200	quired Signature/Incorporator		Nov 6 20	اك	
	Ke	quired Signature/Incorporator		Date		