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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

**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 R & K OIL SERVICES INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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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:

R & K OIL SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal Street Address:

8466 NW 72ND STREET

MIAMI, FL 33166

Mailing Address if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

KELVIN ORTIZ-: D

Address:

1424 NW 159TH AVE

PEMBROKE PINES, FL 33028

Name and Title:

ROBERT VEGA- D

Address:

611 NW 92ND AVE

PEMBROKE PINES, FL. 33028

ARTICLE VI REGISTERED AGENT

The name and Florida Street address (P.O. Box NOT acceptable of the registered agent is:

Name:

KELVIN ORTIZ

Address:

· 1424 NW 159TH AVE

PEMBROKE PINES, FL. 33028

0/14/2031 00:28

FILED SECRETARY OF STATE NVIOLENCE CORPORATIONS

13 DEC -2 AMII: 16

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

KELVIN ORTIZ

Address:

1424 NW 159TH AVE

PEMBROKE PINES, FL. 33028

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

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information in a document to the Department of State constitutes a third degree felony as provided for in \$827,255, F.S.

Required Signature/Incorporator

Date