



**COVER LETTER**

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

SUBJECT: East Coast Diesel 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: James Rogers  
Name (Printed or typed)

17916 49<sup>th</sup> Street N.  
Address

Loxahatchee FL 33470  
City, State & Zip

561 723-1363  
Daytime Telephone number

jayrogers014@gmail.com  
E-mail address: (to be used 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)

**ARTICLE I NAME**

The name of the corporation shall be: East Coast Diesel Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17916 49<sup>th</sup> Street N  
Coxahatchee, FL  
33470

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Diesel Repair and  
Diagnostics

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: James Rogers CEO Name and Title: \_\_\_\_\_  
Address: 17916 49<sup>th</sup> Street N Address: \_\_\_\_\_  
Coxahatchee, FL \_\_\_\_\_  
33470 \_\_\_\_\_

Name and Title: Mark Mathew CFO Name and Title: \_\_\_\_\_  
Address: 17328 Orange Grove Blvd Address: \_\_\_\_\_  
Coxahatchee FL 33470 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2014 JAN 23 PM 1:59

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DIVISION OF CORPORATION  
2014 JAN 23 PM 1:59

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: James Rogers

Address: 17916 49<sup>th</sup> street N  
Loxahatchee FL 33470

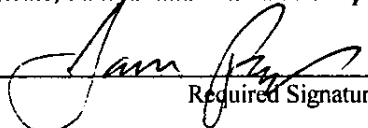
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James Rogers

Address: 17916 49<sup>th</sup> ST. N  
Loxahatchee FL 33470

*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*

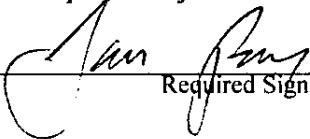


Required Signature/Registered Agent

1-20-14

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

1-20-14

Date