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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

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  
AMERIT FLEET REPAIR INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

16 OCT 20 PM 1:05

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2016 OCT 20 PM 1:25

FILED

From:

10/20/2016 11:28

#813 P.002/003

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2016 OCT 20 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** AMERIT FLEET REPAIR INC

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8846 HARDING AVE

SURFSIDE, FL 33154

Mailing address, if different is:

8846 HARDING AVE

SURFSIDE, FL 33154

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: PAMELA KRIL/PRESIDENT Name and Title: \_\_\_\_\_

Address 8846 HARDING AVE Address: \_\_\_\_\_

SURFSIDE, FL 33154

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

From:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: PAMELA KRIL

Address: 8846 HARDING AVE  
SURFSIDE, FL 33154

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PAMELA KRIL

Address: 8846 HARDING AVE  
SURFSIDE, FL 33154

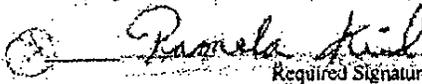
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 \_\_\_\_\_ Date \_\_\_\_\_  
Required Signature/Registered Agent

*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.*

 \_\_\_\_\_ Date \_\_\_\_\_  
Required Signature/Incorporator