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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

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FILED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

From:

10/20/2016 11:28

#913 P.002/003

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: AMERIT FLEET REPAIR INC

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

The number of shares of stock is: 1000

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:

10/20/2016 11:26

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2015 OCT 20 PM 1:25

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

 _____
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 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 Date