

P/6 ~~0000~~ 92075

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H16000284641 3)))



H160002846413ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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
G.T. TRUCK AND TRAILER SERVICES INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

NOV 17 11:39 AM '16

NOV 17 11:39 AM '16

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

ARTICLE I NAME G.T. TRUCK AND TRAILER SERVICES INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1855 W 60 ST APT 320 Mailing address, if different is: _____
HIACLEAH, FL, 33012

ARTICLE III PURPOSE MECHANIC SERVICES
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100 PER VALUE \$1.00
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JUAN R. MIRANDA 50%</u>	Name and Title:	<u>GENARO TALENO LEZCANO 50%</u>
Address:	<u>1855 W 60 ST APT 320</u>	Address:	<u>1855 W 60 ST APT 320</u>
	<u>HIACLEAH, FL, 33012</u>		<u>HIACLEAH, FL, 33012</u>

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

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

18 MAR 17 11:39

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: JUAN R MIRANDA
 Address: 1855 W 60 ST APT 320
HALEAH, FL, 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN R MIRANDA
 Address: 1855 W 60 ST APT 320
HALEAH, FL, 33012

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/16/2016 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 11/16/2016
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, P.S.

 Required Signature/Incorporator 11/16/2016
Date

16 NOV 17 11:39

028