

P700021819Florida 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.

(((H17000067740 3)))



H170000677403ABC%

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
JM TRUCK REPAIR, INC

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

17 MAR 10 PM 4:13

BUREAU OF CORPORATE
REGISTRATION SERVICESM. MOON
MAR 10 2017

Electronic Filing Menu

Corporate Filing Menu

Help

~~M. MOON~~
~~MAR 10 2017~~

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

ARTICLE I NAME JM TRUCK REPAIR, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3325 NW 135 ST

3325 NW 135 ST

OPA LOCKA, FL 33054

OPA LOCKA, FL 33054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRUCK REPAIR

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JORGE FAEDO

Name and Title: _____

Address 3325 NW 135 ST

Address: _____

OPA LOCKA, FL 33054

(PRESIDENT)

Name and Title: MAELA PRIM

Name and Title: _____

Address 3325 NW 135 ST

Address: _____

OPA LOCKA, FL 33054

(VICE-PRESIDENT)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: JORGE FAEDO
Address: 3325 NW 135 ST
OPA LOCKA, FL 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

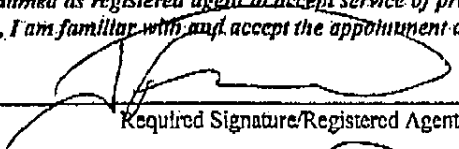
Name: JORGE FAEDO
Address: 3325 NW 135 ST
OPA LOCKA, FL 33054

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MARCH 08, 2017 (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

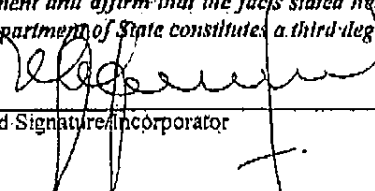


Required Signature/Registered Agent

March 08/17

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

March 08/17

Date