

P17000053077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

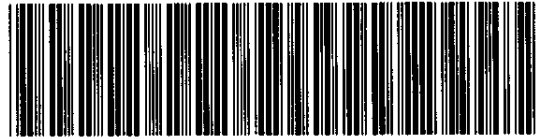
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/21/17--01012--003 **70.00

RECEIVED
DEPARTMENT OF REVENUE
17 JUN 21 AM 10:12

RECEIVED
STATE
17 JUN 21 PM 12:05

M. MOON
JUN 21 2017

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

621-17

☐ **CERTIFIED COPY**

☒ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

1.

Fleet Solutions Construction Equipment Company
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

17 JUN 21 PM 2:05
SECURITY
STATE

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: Fleet Solutions Construction Equipment Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3141 Meandering Way Unit #102

Fort Myres, Florida 33905

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful activity.

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael North, Director

Name and Title: Michael North, President

Address: 3141 Meandering Way
Fort Myres, Florida 33905

Address: 3141 Meandering Way
Fort Myres, Florida 33905

Name and Title: Michael North, Treasurer

Name and Title: Michael North, Secretary

Address: 3141 Meandering Way
Fort Myres, Florida 33905

Address: 3141 Meandering Way
Fort Myres, Florida 33905

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
SECRETARY OF STATE
17 JUN 21 PM 1:00
FORT MYERS, 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: Registered Agents Inc.
Address: 3030 N. Rocky Point Dr., Ste. 150A
Tampa, FL 33607

17 JUN 21 PM 12:06

SEC. 711.06
FILE
2007

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amanda J. Beren
Address: 340 N. Westlake Blvd., Suite 210
Westlake Village, CA 91362

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 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

Bee Hume
Required Signature/Registered Agent

6/20/17
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.

CEJRS
Required Signature/Incorporator

6/20/17
Date