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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
A G MECHANIC SERVICE CORP

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|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 03 |
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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: A G MECHANIC SERVICE CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address: 290 NW 44th Avenue Mailing address, if different is: S A M E
Miami, Fl 33126

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Start a new busines as industrial mechanic

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALCIDES GOMEZ - President Name and Title: _____
Address: 290 NW 44th Avenue Address: _____
Miami, Fl 33126

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

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

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| Address _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ALCIDES GOMEZ

Address: 290 NW 44th Avenue
Miami, Fl 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALCIDES GOMEZ

Address: 290 NW 44th Avenue
Miami, Fl 33126

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/01/2019 (OPTIONAL)

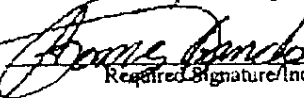
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 06/01/2019
 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.

 06/01/2019
 Required Signature/Incorporator Date