

P20000084518

Electronic Filing

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.

((H20000376641 3)))



H200003766413ABC5

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
AMV EXPORT SUPPLIES INC**

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

OCT 30 2020

T. SCOTT

FILED
2020 OCT 29 AM 9:19
STATE
OF FLORIDA

2020 OCT 29 PM 3:21
STATE
OF FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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: AMV EXPORT SUPPLIES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
10440 NW 74TH ST UNIT 201
MEDLEY, FL 33178-2462

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES AT \$10.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANGELICA FAJARDO VARELA -P.

Name and Title: _____

Address: 10440 NW 74TH ST UNIT 201
MEDLEY, FL 33178-2462

Address: _____

Name and Title: JOSE WILLIAM VALENCIA -T.

Name and Title: _____

Address: 7026 NW 103RD PL
DORAL FL, 33176

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
2024 OCT 29 AM 9:19
CLERK OF DISTRICT COURT
STATE OF 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: HERNAN MAURICIO BOBADILLA
Address: 4240 NW 107TH AVE APT 4513
DORAL FL, 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TAP SOLUTIONS INC
Address: 2341 NW 7TH ST
MIAMI FL, 33125

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.

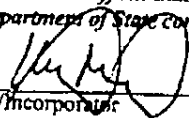
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

10/28/2020

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

10/28/2020

Date