

## 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.

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To:		
	Division of Corporations	
	Fax Number : (850)617-6381	
From:		
	Account Name : DAX NELSON, P.A.	
	Account Number : I20190000051 Phone : (813)739-6695	
	Fax Number : (813)739-6696	
**	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**  Email Address: FBoyle9335@gmail.com	
••	annual report mailings. Enter only one email address please.**  Email Address: FBoyle9335@gmail.com  FLORIDA PROFIT/NON PROFIT CORPORATION	
,	annual report mailings. Enter only one email address please.**  Email Address: FBoyle9335@gmail.com  FLORIDA PROFIT/NON PROFIT CORPORATION  FastTrac Facility Maintenance, Inc.	
••	### annual report mailings. Enter only one email address please.**  ##################################	
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Corporate Filing Menu

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J DENNIS DEC 30 2020

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

RTICLE I NAME	on shall be: FastTrac Facility Ma	aintenance Inc	
ne name of the corporation	on shall be: Past trac Pacifity Wil	annenance, me.	
RTIÇLE II PRINÇI			
2007 Stearns Pond	rincipal <u>street</u> address		Mailing address, if different is:
Valeico El 33596		<del></del>	•
PARTIEU. I L. JULIANU.			ج <u> </u>
RTICLE III PURPO			
ne purpose for which th	e corporation is organized is: to condu-	ct business for a	any and an nawful pulposes.
<u> </u>		<u> </u>	
		<del></del>	
RTICLE IV SHARE	<u>s</u>		
he number of shares of s	tock is: 1.000		
RTICLE V INITIAL	OFFICERS AND/OR DIRECTORS		
Ni and Tister	Frank Michael Boyle (P. T. D)	No	. Daine Joy Cuine J (VD C D)
Name and Title:	7 tank (viteral) Boyte (v. v. b)	Name and Little.	: Brian Jay effend (VP, S, O)
Address	12324 Yellow Rose Circle	Address:	2907 Stearns Road
	Riverview, FL 33569		Valrico, FL 33596
•		_	
-		_	
Name and Title:_		Name and Title	· <u>····</u>
Address	<u>.</u>	Address:	
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-			
Name and Title:_		Name and Title	·
Address			
Audiess _		Vaniezz.	
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From 1.877.233.3839 Tue Dec 29 10:52:54 2020 PST Page 3 of 3

Name and	Title:	Name and Title:	(((H20000442085 3)))	
Address		Address:		
		<u>-</u>		
	REGISTERED AGENT Inida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Frank Michael Boyle			
Address:	12324 Yellow Rose Circle	<u>.</u>		
	Riverview, FL 33569	-		
ARTICLE VII	NCORPORATOR			
The name and ad	dress of the Incorporator is:			
Name:	Dax Nelson, Esq.	-		
Address:	2309 S. MacDill Avenue, Suite 102	-		
	Tampa, FL 33629	-		
Effective date, if (If an effective d filing.)  Note: If the date	EFFECTIVE DATE: Other than the date of filing:  January 1, 20 ate is listed, the date must be specific and cannot inserted in this block does not meet the applicable fective date on the Department of State's records.	t be more than five da	ys prior or 90 days after the	
Having been nam certificate, I am fo	ed as registered agent to accept service of process formiliar with and accept the appointment as register	or the above stated corpored agent and agree to a	pration at the place designated in this ct in this capacity	
Trave	Required Signature/Registered Agent		12/17/20 Date	
	Required Signature/Registered Agent		Date	
I submit this doc document to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that y us provided for in s.81	the false information submitted in ( 7.155, F.S.	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		12-17-20	
Required Signatu	re/Incorporator		Date	