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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: FANJUL ENTERPRISES LLC Account Name

Account Number : I20190000080 Phone : (305)603-8791 Fax Number : (877)503-6086

\*\*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 H&H TRUCK REPAIR CORP

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## ARTICLES OF INCORPORATION

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

CLE II PRINC					
	Ŋ	Mailing addres	ss, if different is:	•	
<u>SW 109TH AVE AI</u> II, F <u>L 33173</u>	PT 219				
11, FL 33173		<del></del>			
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To:

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Name ar	nd Title:	Name and Title:	
Address	s	Address:	<del></del>
			<del></del>
	REGISTERED AGENT		
The name and F Name:	Torida street address (P.O. Box NOT accept HAZAN A SALAS		
Address:	8600 SW 109TH AVE APT 219	2021 APR	•
	MIAMI, FL 33173	APR 14	
ARTICLE VII	INCORPORATOR	က် က ယ	. •
The pame and a	address of the Incorporator is:	. 21	
Name:	HAZAN A SALAS		
Address:	8600 SW 109TH AVE APT 219		
	MIAMI, FL 33173	<del></del>	
Effective date	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific an	. (OPTIONAL) d cannot be more than five days prior or 90 days after the	
Note: If the day	te inserted in this block does not meet the ap effective date on the Department of State's a	plicable statutory filing requirements, this date will not be listed ecords.	d as
Having been na	med as registered agent to accept service of p familiar with app accept the appointment as	rocess for the above stated corporation at the place designated it registered agent and agree to act in this capacity	n this
X 1st	M	× 4/12/ 2021	
Required Signature/Registered Agent		ent Date	
I submit this do	ocument and affirm that the facts stated her Department of State constitutes a third degr	ein are true. I am aware that the false information submitted ee felony as provided for in s.817.155, F.S.	in a
X H	111	× 4/12/2021	
	turo lacorporator	Date // /D Doc	