220000 40987

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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05/20/22--01012--007 **70.00

RECFIVED

2021 HAY 24 AM 8: 48



RECEIVED 2022 MAY 24 PH 12: 06

ALLAHASSEE, FLOR

Collected

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2022

CORPORATE ACCESS

SUBJECT: JACK CITY DIESEL INC.

Ref. Number: W22000067802

We have received your document for JACK CITY DIESEL INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name and address of the Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 422A00011729

2021 HAY 24 AM 8: 48

CORPORATE When you need ACCESS to the world ACCESS, _____

INC.

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						
		P	PICK UP:	5/20	DANNY		
		CERTIFIED COPY	,				
	XX	РНОТОСОРУ					
		CUS					
	XX	FILING	INC				
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1.		JACK CITY DIESE CORPORATE NAME AND D					
2.		CORPORATE NAME AND D	OCUMENT #)				
3.	_	CORPORATE NAME AND D	OCUMENT #)				
4.		CORPORATE NAME AND D	OCUMENT #)				
5.							
6.	(CORPORATE NAME AND DO	OCUMENT #)			12.10 2.10 2.10 2.10 2.10 2.10 2.10 2.10	2021 H
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: JACK C					
	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate o Status		
		ADDITIONAL CO	PY REQUIRED		
		ES INC. e (Printed or typed)			
	Garretson Avenue	Address			
łslip	, NY 11751				
	City, State & Zip				
_516-	658-7798				
	Daytime T	elephone number			
_marl	ene@rkmparalegal.com				
	E-mail address: (to be used	for future annual report n	otification)		

NOTE: Please provide the original and one copy of the articles.

2021 MAY 24 AM 8.15

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

name of the cor	INCIDAL OFFICE				
-	INCIPAL OFFICE Principal street address	3.7-12	1 '0 tree .		
5 Fernu	ocal_AVK_	c/o Madison & East M	dress, if differerat is: echanical Com		
ourdare	OOD AVK	48 Windsor Place, Ce	48 Windsor Place, Central Islip, NY 11722		
TICLE III PU	RPOSE				
purpose for win	ch the corporation is organized is: Gener	ral Purpose			
					
					
ICLE IV SHA	(RES				
number of shares	of stock is: 200 shares no par value				
					
ICLE V INI	TIAL OFFICERS AND/OR DIRECTOR	<u> </u>			
-	TIAL OFFICERS AND/OR DIRECTOR				
Name and T	ILL OFFICERS AND/OR DIRECTOR	holder_ Name and Title:			
-	ILL OFFICERS AND/OR DIRECTOR	holder Name and Title:			
Name and T	ILAL OFFICERS AND/OR DIRECTOR itle: Michael DeRitis, President, Sole Sharel clo Kevin Quinn	holder Name and Title:			
Name and T	itle: Michael DeRitis, President, Sole Sharel c/o Kevin Quinn 1117 Vinsetta Circle	holder Name and Title:Address:			
Name and T	ILAL OFFICERS AND/OR DIRECTOR itle: Michael DeRitis, President, Sole Sharel clo Kevin Quinn	holder Name and Title:Address:			
Name and T	itle: Michael DeRitis, President, Sole Sharel clo Kevin Quinn 1117 Vinsetta Circle Winter Garden, FL 34787	holder Name and Title:Address:			
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Name and Title:	Nam	e and Title:				
Address	Addr					
ARTICLE VI REGIST	TERED AGENT					
^	reet address (P.O. Box NOT acceptable) of the reg					
<i>Q.</i> ₄	2 rparate Creations Net	work Inc.				
Address:	JI US Mighway I					
	orth Palm beach. Fl 33	408				
ARTICLE VII INCOR	<u>PORATOR</u>					
The name and address of	the Incorporator is:					
Name:	Marlene Dimartino					
Address: 51	Garretson Avenue					
Islip	o, NY 11751					
ARTICLE VIII EFFECE Effective date, if other than	n the date of filing:	. (OPTIONAL)				
(If an effective date is list filing.)	ted, the date must be specific and cannot be mo	ore than five days prior or 90 days after the				
Note: If the date inserted the document's effective d	in this block does not meet the applicable statutor late on the Department of State's records.	y filing requirements, this date will not be listed as				
Having been named as rea	ictored grant to good to wise of account of					
certificate, I am familiar w	ith and accept the appointment as registered agent	ove stated corporation at the place designated in this t and agree to act in this capacity				
Yune Lett		May 10, 2022				
•	Required Signature/Registered Agent	Date				
I submit this document an document to the Department	d affirm that the facts stated herein are true. I a nt of State constitutes a third degree felony as prov	am aware that the false information submitted in a vided for in s.817.155. F.S.				
11,00-11.						
Required Signature/Incorpo	orator	- May 10, 202 2				
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