10/25/22, 2:24 PM Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
HERCULE'S SERVICES & REPAIR, INC.

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

2022 OCT 26 PM 3:24

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: HERCULE'S SERVICES & REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2497 NW 115TH ST
MIAMI, FL 33167

Mailing address, if different is:
SAME ADDRESS

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: SERVICES AND REPAIRS

ARTICLE IV SHARES
The number of shares of stock is: 100 $1.00 PV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCO ANTONIO HERCULES
Address 2497 NW 115TH ST
MIAMI, FL 33167
PRESIDENT

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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: MARCO ANTONIO HERCULES

Address: 2497 NW 115TH ST

MIAMI, FL 33167

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARCO ANTONIO HERCULES

Address: 2497 NW 115TH ST

MIAMI, FL 33167

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

______________________ 10/17/22

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.

____

Required Signature/Incorporator Date 10/17/22