

10/26/22, 2:24 PM

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P22000081717

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.

(((H22000367131 3)))



H220003671313ABCZ

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
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

10/26/2022 11:26:00 SERVICES USA INC.

(11/26/2022) 11:26:00

*** ARTICLES OF INCORPORATION**

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

ARTICLE I NAMEThe name of the corporation shall be: HERCULE'S SERVICES & REPAIR, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
2497 NW 115TH ST
MIAMI, FL 33167Mailing 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 PY**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARCO ANTONIO HERCULES Name and Title: _____Address 2497 NW 115TH ST Address: _____MIAMI, FL 33167PRESIDENT

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

10/26/2022 11:26CG Services USA Inc.

(FAM/00003000-00)

F. 0007 0007

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe 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 INCORPORATORThe name and address of the Incorporator is:

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

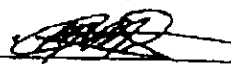
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature/Registered Agent

10/17/22
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

10/17/22
Date