P23000036405

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



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COVER LETTER

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

| SUBJECT: | UG TUEL | COKP | |
|--------------------------|--|--|---|
| · | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the arti | cles of incorporation and | l a check for: |
| ₹3×\$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | □ \$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED |
| FROM: | Gal Sha Name | (Printed or typed) | |
| 6450 Pines Blud. | | | |
| | Pembroke P | Address I NES FL 3 State & Zip | 3024 |
| | 754-42 | | |
| | Goldon | o 100 acl. con | |
| | E-mail address: (to be used | for future annual report r | notification) |

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

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

| ARTICLE I NAME The name of the corporation | on shall be: | Fuel | Cap | | |
|--|---|------|--------------------------|----------------|---------------------|
| | PAL OFFICE Principal street address | | ' | Mailing addres | s, if different is: |
| 6450 Pines | Slvd | | | | |
| Pembroke Pine | s FL 33024 | | | | |
| ARTICLE III PURPOS The purpose for which the | SE e corporation is organized is: _ | Any | and | all lawful | business. |
| | | | | | |
| | | | | | |
| | | | | | |
| ARTICLE IV SHARES The number of shares of st ARTICLE V INITIAL Name and Title: | ock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | 1). | d Title: | |
| Address _ | 6450 Pines | Blud | _ Name and _ Address: | d Title: | |
| - | Pembroke Pine 33024 | s FL | - | | |
| Name and Title:_ | | | _ Name and | d Title: | |
| Address | | | _ Address: | <u></u> | |
| - | | | - | | |
| Name and Title:_ | | · | Name and | l Title: | |
| Address | | | _ Address: | | |

| Name and T | itle: | Name and Title: | *- |
|---|--|--|---------------------------------|
| Address | | Address: | |
| | | | |
| | | | |
| | | | |
| The name and Florid | GISTERED AGENT la street address (P.O. Box NOT accept | able) of the registered event in | |
| Name: | Gal Shaltiel | able of the registered agent is. | |
| Address: | 6450 Pines Blud | | |
| | embroke Pines FL 3 | | |
| ARTICLE VII INC | <u>CORPORATOR</u> | | |
| The name and addre | ss of the Incorporator is: | | |
| Name: | Gal Shaltiel | | |
| Address: | 6450 Pines Blud | <u>. </u> | |
| | Pembrohe Pines FL | , 33024 | |
| <u>ARTICLE VIII </u> | EECTIVE DATE. | | |
| Effective date, if other | r than the date of filing: | (OPTIONAI | ۵) |
| (If an effective date filing.) | is listed, the date must be specific and | cannot be more than five days | prior or 90 days after the |
| | | | |
| Note: If the date inset the document's effect | rted in this block does not meet the app ive date on the Department of State's re | olicable statutory filing requirement | nts, this date will not be list |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Having been named a | s registered agent to accept service of pr | ocess for the above stated corporat | ion at the place designated i |
| certificate, I am famil | iar with and accept the appointment as i | registered agent and agree to act in | this capacity |
| | 5 | | 4/12/23 |
| | Required Signature/Registered Age | nt | Date |
| I submit this docume | nt and affirm that the facts stated here | in are true. I am aware that the | false information submitted |
| document to the Depa | riment of State constitutes a third degree | e felony as provided for in s.817.13 | 55, F.S. |
| | | | 4/12/23 |
| Required Signature/Ir | - y | | 1110110.0 |

. . .

SIGNED AFFIDAVIT

My name is Gal Shaltiel and I am the owner of DG FUEL CORP LLC document number L23000147160. I accidentally filed the corporation as an LLC. I voluntarily dissolved it and opened the correct corporation which I need active **DG FUEL CORP** document number **W23000050933** and tracking number **800406136088**. It was not approved since the name was taken by the accidental entity I created.

The representative on the phone told me to mail in a signed affidavit allowing the termination of the name DG FUEL CORP LLC so that we can activate DG FUEL CORP. You have my permission to remove DG FUEL CORP LLC and release the name so that you can process the new application with the name **DG FUEL CORP**.

Once again the correct entity I need active is a **CORPORATION** with the name **DG FUEL CORP** which has a document number **W23000050933** and a tracking number **800406136088**.

Thank you

Gal Shaltiel

(754) 423-4202

Gal Shaltiel

4/13/23 4/13/23

FLORIDA INDIVIDUAL ACKNOWLEDGMENT

| F.S. 117.05(13) | |
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| State of Florida | |
| County of 6000010 | The foregoing instrument was acknowledged before me by means of |
| | ☐Physical Presence, |
| | – OR –- |
| | ☐ Online Notarization, |
| | this 13 day of April ,2003, by |
| | Name of Person Acknowledging |
| | Louiso Lui - |
| | Signature of Notary Public — State of Florida |
| | Name of Notary Typed, Printed or Stamped |
| S91525 DD e Johns Budon All Start Selection Se | ☐ Personally known ☐ Produced Identification |
| | Type of Identification Produced: |
| | Floody Dr. Lie 23 |
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| | deter alteration of the document or form to an unintended document. |
| Description of Attached Document Title or Type of Document: | Affidant S. S. |
| Document Date: 41323 | Number of Pages: |

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Signer(s) Other Than Named Above: __