

**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 : M. BURR KEIM COMPANY  
 Account Number : I19990000242  
 Phone : (215)563-8113  
 Fax Number : (215)977-9386

**\*\*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**

**Fleet Wage Inc**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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 TALLAHASSEE, FL

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Fleet Wage IncARTICLE II PRINCIPAL OFFICEPrincipal street address  
1010 S Federal Hwy

Mailing address, if different is:

14th Floor Office #1434Hallandale Beach, FL 33009ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Software DevelopmentARTICLE IV SHARESThe number of shares of stock is: 10,000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Ashot Avakyan,  
President/DirectorName and Title: Vazgen Avakyan,  
Vice President/DirectorAddress: 16787 NE 35th Ave  
North Miami Beach,  
Florida 33160Address: 16787 NE 35th Ave  
North Miami Beach,  
Florida 33160

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FL

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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: Ashot AvakyanAddress: 16787 NE 35th Ave  
North Miami Beach, Florida 33160**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Ian M. DoughertyAddress: 101 Greenwood Avenue, Suite 380  
Jenkintown, PA 19046**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*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

10-03-2023

Date  
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