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	Account Name : FASTKIT CORP	
	Account Number : I20102000009	
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	the email address for this business entity to be used for future	1
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FLORIDA PROFIT/NON PROFIT CORPORATION MANY TRUCK PARTS CORP

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ARTICLES OF INCORPORATION

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

<u>ÇLE </u>	RINCIPAL OFFICE Principal street address	Mailing address, if different is:			
57 NW 89 PL		18157 N	W 89 PL		
ALEAH, FL 33018		HIALEA	HIALEAH, FL 33018		
CLE III PU upose for wir	IRPOSE ich the corporation is organized is: TRU	JCK PARTS			
	ARES s of stock is: 100 SHARES TIAL OFFICERS AND/OR DIRECTOR	<u></u>			
LEV INI	TIAL OFFICERS AND/OR DIRECTOR				
LEV INI	TIAL OFFICERS AND/OR DIRECTOR	Name and Title:			
Name and T	TIAL OFFICERS AND/OR DIRECTOR	Name and Title:			
LE V [NI Name and]	TIAL OFFICERS AND/OR DIRECTOR Title: NIORGE FUENTES 18157 NW 89 PL	Name and Title:			
Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Pitle: NIORGE FUENTES 18157 NW 89 PL HIALEAH, FL 33018 PRESIDENT	Name and Title:Address:			
Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Pitle: NIORGE FUENTES 18157 NW 89 PL HIALEAH, FL 33018	Name and Title:			
Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: NIORGE FUENTES 18157 NW 89 PL HIALEAH, FL 33018 PRESIDENT	Name and Title: Address: Name and Title: Address:			
Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: NIORGE FUENTES 18157 NW 89 PL HIALEAH, FL 33018 PRESIDENT	Name and Title: Address: Name and Title: Address:	2)24		
Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: NIORGE FUENTES 18157 NW 89 PL HIALEAH, FL 33018 PRESIDENT	Name and Title: Address: Name and Title: Address:	>: 2		
Name and T Address Name and Ti	TIAL OFFICERS AND/OR DIRECTOR Title: NIORGE FUENTES 18157 NW 89 PL HIALEAH, FL 33018 PRESIDENT	Name and Title:	2)24 hAh 2		
Name and T Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTOR Title: NIORGE FUENTES 18157 NW 89 PL HIALEAH, FL 33018 PRESIDENT	Name and Title:	2)24 hAh 2		

Name and Title:		Name and Title:		
Address				
The name and FI	REGISTERED AGENT orida street addiness (P.O. Box NOT acceptable) of	the repietared scentile.		
Name:	NIORGE FUENTES	me registered agent is:		
Address:	18157 NW 89 PL			
	HIALEAH, FL 33018			
ARTICLE VII	INCORPORATOR			
	dress of the Incorporator is:			
Name:	NIORGE FUENTES			
Address:	18157 NW 89 PL			
. 1001233.	HIALEAH, FL 33018			
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: MARCH 22, 2024 te is listed, the date must be specific and cannot	. (OPTIONAL) be more than five duys price	or or 90 days a	fter the
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Having bean name certificate, I am fan	d us registered ugent to accept service of process for niliur with and accept the appointment as registered	the above stated corporation agent and agree to act in thi	at the place desi is capacity	ignated in this
			03/22/2024	20
c. 1.	Required Signature/Registered Agent		- Date	
l submit this document to the De	nent and affirm that the facts stated herein are tr partment of State constitutes a third degree felony a	ie. I am aware that the falsi s provided for in s.817.155. I	e information s. F.S.	
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Required Signature	Incorporator	Date	03/22/2024	<u> </u>
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