Division of Corporations

P99000012030

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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.

(((H99000003048 8)))

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) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839

Fax Number : (305)716-0346

TOTAL CORPORATION OF PA

FLORIDA PROFIT CORPORATION OR P.A.

MASTER SERVICES FORKLIFT & TRUCKS REPAIRS, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RM 2/8/99

ARTICLES OF INCORPORATION

<u>of</u>

MASTER SERVICES FORKLIFT & TRUCKS REPAIRS, CORP 240 NW 58TH COURT MIAMI, FLORIDA 33126

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida General corporation act, hereby adopts(s) the following articles of incorporation.

ARTICLE I NAME

The name of this corporation shall be:

MASTER SERVICES FORKLIFT & TRUCKS REPAIRS, CORP
The principal place of business of this corporation shall be:

240 NW 58TH COURT

MIAMI, FLORIDA 33126

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK.

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any on the time is: 100 Shares at TEN Dollars with a total of ONE THOUSAND Dollars.

ARTICLE IV TERM OF EXISTENCE,

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS.

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporations existence or until their successor(s) is(are) elected, is(are):

President: CAROL LUIS MARTIN 240 NW 58TH COURT MIAMI, FLORIDA 33126 Vice-president MIGUEL PERDOMO 525 NW 73th AVE MIAMI, FLORIDA 33126 99 FEB -8 AMII: 32
SECRE MAY OF STATE
ALDAHASSIE FLORIDA

Prepared by: ROSA MARTIN 3899 NW 7TH STREET, SUITE 201 MIAMI, FL 33126

Tel: (305) 446-2967

н99000003048 8

ARTICLE VI INCORPORATION(S).

The name(s) and street address(es) of the incorporator(s) to this article of incorporation is(are)

President: CAROL LUIS MARTIN 240 NW 58TH COURT MIAMI, FLORIDA 33126

Vice-president MIGUEL PERDOMO 525 NW 73th AVE MIAMI, FLORIDA 33126

In witness whereof, the undersigned incorporator(s) has(have) executed these article of incorporation this ______ day of ______, 1999.

Signature(s) of Ancorporator(s)

ARAL MUES MARTIN

MIGUEL PERDOMO

STATE OF FLORIDA.

COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this <u>5TH</u> day of <u>FEBRUARY</u>, 1999. by <u>CAROL LUIS MARTIN</u> of MASTER SERVICES FORKLIFT & TRUCKS REPAIRS, CORP

NOTARY PUBLIC MARTA BU

_ Upote 70-

My commission Expires

OFFICIAL NOTARY SEAL,
MARTA BU
NOTARY PUBLIC STATE OF FLORIDA
COMMESSION NO. OCTOMAS
MY COMMISSION EXP. AUG. 10,2002

(seal)
ARTICLES OF INCORPORATION FILING FEE:

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.325 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida submits the following statement, in designating the registered office/ registered agent, in the State of Florida.

- 1. The name of the corporation is:

 MASTER SERVICES FORKLIFT & TRUCKS REPAIRS, CORP
- 2. The name and address of the registered agent and office is:

	CAROL LUIS MARTIN	 <u></u>
	240 NW 58TH COURT (P.O. BOX NOT ACCEPTABLE)	
	MIAMI, FLORIDA 33126 (CITY/STATE/ZIP)	 -
SIGNATURE:		 . –
TITLE	Président_	
DATE :	FEBRUARY 5TH, 1999	

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, HEREBY AGREE TO ACT IN THIS CAPACITY, ND I FURTHER AGREE TO COMPLY WHIT THE PROVISION OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATION OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE FEBRUARY 5TH 1999