P15000001034

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL ,		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer.				
	· · · · · · · · · · · · · · · · ·			



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Office Use Only

W14-75486 MD 11

COVER LETTER

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

SUBJECT: _ +>	PROPOSED CORPORA	cosal The	
	(PROPOSED CORPORA	TE NAME'- <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	
FROM:	Tomas Cru- Name 430 West 39	(Printed or typed)	
	r	Address 33012 State & Zip	
	(305) 779 - 7 Daytime T	791 elephone number	
لما	Sillian de diego @ E-mail address: 40 be use	Comoul. Com	notification)

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



December 19, 2014

TOMAS CRUZ 430 WEST 39TH PLACE HIALEAH, FL 33012

SUBJECT: EXPRESS TIRE DISPOSAL, INC.

Ref. Number: W14000075486

We have received your document for EXPRESS TIRE DISPOSAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 914A00026901

Division of Comparations DO DOV 6997 Tollahoggas Florida 99914

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

The name of the corpora	ation shall be: Fress Tire	Disposal Drc.	<u></u>
ARTICLE II PRI	INCIPAL OFFICE Principal street address	. ,	ss, if different is:
430 West	39th Place		SEE CO
Healeah	39th Place FL 33012		<u> </u>
			žž <u>ů</u>
ARTICLE III PUR The purpose for which	the corporation is organized is:	- disposal of 4	, , , , , , , , , , , , , , , , , , ,
The number of shares of	stock is: Tal officers and/or directors: Tomas Chiz, Preside	_	
Address	430 Wast 39th Place		
Address	Hideah, Te 38012	Address:	
Name and Title:		Name and Title:	
Address			
		-	
Name and Title:		Name and Title:	
Address		Address:	

Name and	Title:	Name and Title:		
Address		Address:		
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the			
Name:	Tomas Cruz	SS - W		
Address:	430 West 39th Place			
	Hialegh PC 33012	9885 3. 3.		
ARTICLE VII	INCORPORATOR	\$		
The name and ad	dress of the Incorporator is:			
Name:	Tomas CNZ			
Address:	430 West 39th Place			
	Hialeah, TC 33012			
Having been nam this certificate, I a	ned as registered agent to accept service of process from familiar with and accept the appointment as registered 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	1-5-15 Date		