3/30/2021

Florida Department of State

Division of Corporations 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.

(((H21000126739 3)))



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)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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 3A REPAIRS & SERVICES, CORP

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

Electronic Filing Menu Corporate Filing Menu

Help

Page: 3 of 4

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

	NCIPAL OFFICE Principal <u>street</u> address	Mailing address, if o	different is:
172 W 11TH AVE			
HIALEAH, FL 33012			
RTICLE III PUR he purpose for whic	POSE h the corporation is organized is: ANY ANE	ALL LAWFUL BUSINESS	
		111	
RTICLE IV SHA	<u>RES</u>		
he number of shares	of stock is: 100		2021 H. Y. 30
	TAL OFFICERS AND/OR DIRECTORS		- :
Name and T	itle: AMIK J GONZALEZ (P)		
Address	4172 W 11TH AVE	Address:	
	HIALEAH, FL 33012		
Name and Tit	ile:	Name and Title:	
Name and Tit Address			
	ile:		
Address	ilę:	Address:	
Address	ile:	Address: Name and Title:	

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

/a/ Amik) Gonzalez	03/30/2021
Required Signifure/Registered Agent	Date

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	ik J Jonzalez	Date	03:30/2021
--------------------------------------	---------------	------	------------