Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TAX 4 TRUCKS INC Account Number : I20190000100 : (305)764-3080 Phone Fax Number : (305)675-6155

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI CAR AND BIKE SHOWS INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help



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

| CLE II PRINCIPAL OFFICE Principal street address | | Mailing | Mailing address, if different is: | |
|---|---|---|-----------------------------------|---|
| | | | | |
| SW 21TH TER | | | | |
| AI, FL 33165 | | | | |
| CLE III PURPO. | <u>SE</u> corporation is organized is: <u>ANY ANI</u> | ALLIAWELII BUSINE | 22 | |
| urpose for which di | e corporation is organized is. The Take | THE BOOK | | |
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| CLE IV SHARE | <u>55</u> stock is: 100 | | | |
| CLE IV SHARE umber of shares of s | ES stock is: 100 | | | |
| umber of shares of s | ES Block is: 100 L OFFICERS AND/OR DIRECTORS | | | |
| umber of shares of s | stock is: 100 | | | : |
| CLE V INITIA Name and Title | L OFFICERS AND/OR DIRECTORS CARLOS NUNEZ LAZAGA, P | Name and Title: | | , |
| umber of shares of s | L OFFICERS AND/OR DIRECTORS CARLOS NUNEZ LAZAGA, P 8845 SW 21TH TER | Name and Title: Address: | | |
| CLE V INITIA Name and Title | L OFFICERS AND/OR DIRECTORS CARLOS NUNEZ LAZAGA, P | Name and Title: Address: | | |
| CLE V INITIA Name and Title | L OFFICERS AND/OR DIRECTORS CARLOS NUNEZ LAZAGA, P 8845 SW 21TH TER | Name and Title: Address: | | - 2 |
| umber of shares of s CLE V INITIA Name and Title Address | L OFFICERS AND/OR DIRECTORS CARLOS NUNEZ LAZAGA, P 8845 SW 21TH TER MIAMI, FL 33165 | Name and Title: Address: | | - A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| Name and Title Name and Title | L OFFICERS AND/OR DIRECTORS CARLOS NUNEZ LAZAGA, P 8845 SW 21TH TER MIAMI, FL 33165 | Name and Title: Address: Name and Title: | - | |
| umber of shares of s CLE V INITIA Name and Title Address | L OFFICERS AND/OR DIRECTORS CARLOS NUNEZ LAZAGA, P 8845 SW 21TH TER MIAMI, FL 33165 | Name and Title: Address: Name and Title: | | |
| Name and Title Name and Title | L OFFICERS AND/OR DIRECTORS CARLOS NUNEZ LAZAGA, P 8845 SW 21TH TER MIAMI, FL 33165 | Name and Title: Address: Name and Title: | - | |
| Name and Title Name and Title | L OFFICERS AND/OR DIRECTORS CARLOS NUNEZ LAZAGA, P 8845 SW 21TH TER MIAMI, FL 33165 | Name and Title: Address: Name and Title: | - | |
| Name and Title Address Address | L OFFICERS AND/OR DIRECTORS CARLOS NUNEZ LAZAGA, P 8845 SW 21TH TER MIAMI, FL 33165 | Name and Title: Address: Name and Title: Address: | - | |
| Name and Title Address Address | L OFFICERS AND/OR DIRECTORS CARLOS NUNEZ LAZAGA, P 8845 SW 21TH TER MIAMI, FL 33165 | Name and Title: Address: Name and Title: Address: | - | |
| Name and Title Address Address | L OFFICERS AND/OR DIRECTORS CARLOS NUNEZ LAZAGA, P 8845 SW 21TH TER MIAMI, FL 33165 | Name and Title: Address: Name and Title: Name and Title: | - | |

| Name an | d Title: | Name and Title: | |
|--|--|--|----------------------------|
| Address | | Address: | |
| | · | | |
| ABTICLE VI | REGISTERED AGENT | | |
| | lorida street address (P.O. Box NOT acceptable) | of the registered agent is: | |
| Name: | CARLOS NUNEZ LAZAGA | <u> </u> | |
| Address: | 8845 SW 21TH TER | | |
| | MIAMI,FL33165 | _ _ | |
| ARTICLE VII | INCORPORATOR | | |
| The <u>name and a</u> | ddress of the Incorporator is: | | |
| Name: | CARLOS NUNEZ LAZAGA | | |
| Address: | 8845 SW 21TH TER | | |
| | MIAMI,FL33165 | <u> </u> | =- + 1 ** |
| ADTICI E WIU | EFFECTIVE DATE: | | |
| : | 0.511 | . (OPTIONAL) | 1 |
| (If an effective of filing.) | date is listed, the date must be specific and ca | nnot be more than five days prior or | 7 |
| Note: If the date the document's | e inserted in this block does not meet the application of the date on the Department of State's record | ble statutory filing requirements, this d ds. | late will not be listed as |
| Having been na | med as registered agent to accept service of proce familiar with and accept the appointment as regi | as for the above stated corporation at th stered agent and agree to act in this cap | e place designated in this |
| 201 119 12 12 12 12 12 12 12 12 12 12 12 12 12 | he had | | 10/6/2022 |
| | Required Signature/Registered Agent | | Date |
| I submit this do document to the | cument and affirm that the facts stated herein Department of Stute constitutes a third degree for | are true. I am aware that the faise inj clony as provided for in s.817.155, F.S. | formation submitted in i |
| / | en H | | 10/6/2022 |
| Required Signat | ture/Incorporator | Date | |