

P23000057091

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.

((H23000270183 3)))



H23000270183ABC-

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

RECEIVED
2023 AUG -3 PM 3:46
CORPORATIONS
DIVISION OF STATE

FLORIDA PROFIT/NON PROFIT CORPORATION
BALBOA COLLISION INC

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

FILED
2023 AUG -3 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

BALBOA COLLISION INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

16562 SW 82 TER 33193 MIAMI FL

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

RAFAEL CRUZ PEREZ (P)

SECRETARY OF STATE
FILED

2023 AUG -3 PM 2:19

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

RAFAEL CRUZ PEREZ

16562 SW 82 TER 33193 MIAMI FL

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

RAFAEL CRUZ PEREZ

16562 SW 82 TER MIAMI FL 33193

Required Signatures:

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

Ray
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.

Ray
Incorporator: _____ Date _____