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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TAX 4 TRUCKS INC
Account Number : I20190000100
Phone : (305)764-3080
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.****

Email Address:

Jorge@tax4trucks.com

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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RS

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

ARTICLE I NAMEThe name of the corporation shall be: MIAMI CAR AND BIKE SHOWS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8845 SW 21TH TERMIAMI, FL 33165**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CARLOS NUNEZ LAZAGA, P

Name and Title: _____

Address 8845 SW 21TH TER

Address: _____

MIAMI, FL 33165

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: CARLOS NUNEZ LAZAGA
Address: 8845 SW 21TH TER
MIAMI, FL 33165

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: CARLOS NUNEZ LAZAGA
Address: 8845 SW 21TH TER
MIAMI, FL 33165

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

Required Signature/Registered Agent
10/6/2022
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
10/6/2022
Date