

P04000086828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

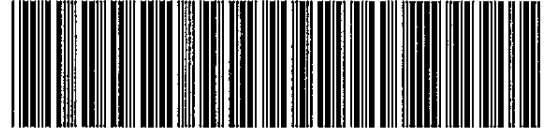
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
04 JUN -3 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 JUN -3 AM 10:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

6-3-04

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BAM REPAIRS CORP
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☒ Certified Copy.

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED

04 JUN -3 PM 1: 14

ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act. Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be;
BAM REPAIRS CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be;

30671 S.W 189 Ave
Homestead Fl 33030

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is;
500 Shares value of \$1,00.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is;

Alejandro Martinez 30671 S.W 189 Ave
Homestead Fl 33030

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Article of incorporation is (are);

Alejandro Martinez 30671 S.W. 189 Ave
Homestead Fl 33030
Belkis Martinez 30671 S.W. 189 Ave
Homestead Fl 33030

ARTICLE VI DIRECTOR(S)

The name(s) and the street address(es) of the director(s) to these Articles of incorporation is (are);

Alejandro Martinez 30671 S.W. 189 Ave
Homestead Fl 33030
Belkis Martinez 30671 S.W. 189 Ave
Homestead Fl 33030

The undersigned incorporator(s) has(have) executed these Articles of incorporation this 1 day of June, 2004


SIGNATURE

Alejandro Martinez

PRESIDENT TREASURER


SIGNATURE

Vicepresident secretary

Belkis Martinez

SIGNATURE

FILED

CERTIFICATE OF DESIGNATION REGISTERED AGENT /

04 JUN -3 PM 1:14

REGISTERED OFFICE.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provision of sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida,

1.- The name of the corporation is; _____
BAM REPAIRS CORP

2.- The name and address of the registered agent and office is

Alejandro Martinez

NAME

~~30671 S.W. 189 Ave~~
P.O. BOX NOT ACCEPTABLE

Homestead FL 33030

CITY/STATE/ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REG


SIGNATURE

4 day of June, 2004