

POS000005198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05 JAN 10 PM 12:57

CLERK OF STATE
TALLAHASSEE, FLORIDA

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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. FERNA AUTO SALE INC.
(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

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TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION

IN ACCORDANCE WITH chapter 607 and/or Chapter 621,F.S. (Profit)

ARTICLE I NAME

THE NAME OF THE CORPORATION SHAL BE:

FERNA AUTO SALE INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS / MAILING ADDRESS IS:

10496 S W 186 LANE

MIAMI, FLORIDA 33157

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGNIZED IS:

**THIS CORPORATION MAY ENGAGE IN ANY AND LAWFUL
BUSINESS PERMITTED UNDER THE LAWS OF THE USA, THE
STATE OF FL.OR ANY OTHER STATE, COUNTRY, TERRITORY
OR NATION.**

ARTICLE IV SHARES

THE NUMBERS OF SHARES OF STOCKS IS:

100 – SHARES \$ 10.00 PAR VALUE

ARTICLE V INITIAL OFFICERS / DIRECTORS

THE NAME (S) AND ADDRESS (ES):

FERNANDO MENDOZA (P)

11502 S W 175 ST

MIAMI, FLORIDA 33157

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MILAGROS MENDOZA (VP)
11502 S W 175 ST
MIAMI, FLORIDA 33157

ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is:

FERNANDO MENDOZA
11502 S W 175 ST
MIAMI, FLORIDA 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


FERNANDO MENDOZA
11502 S W 175 ST
MIAMI, FLORIDA 33157

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TALLAHASSEE, FLORIDA

.....
Having been named as registered agent to accept services 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



.....
Signature/Registered Agent



.....
Date



.....
Signature/Incorporator



.....
Date