

P11000034494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

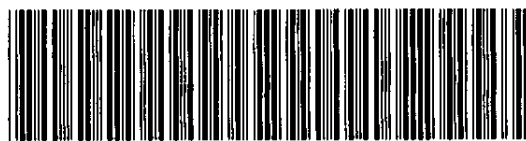
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600199178596

04/07/11--01003--007 **157.50

RECEIVED
11 APR -7 AM 10:00
DEPT. OF STATE
DIVISION OF CORPORATIONS
MAIL MESSAGE FLORIDA

FILED
11 APR -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
4/8



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

FILED

11 APR -7 AM 8:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

OFFICE USE ONLY

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

1. Pila Auto Service Corp.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick-up time _____
 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 _____

ARTICLES OF INCORPORATION

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

FILED

11 APR -7 AM 8:00

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

ARTICLE I NAME

The name of the corporation shall be:

PILA AUTO SERVICE CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

10050 STIRLING ROAD
COOPER CITY, FL 33024

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:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CRISTIAN M. PEREYRA (P/D)
10050 STIRLING ROAD
COOPER CITY, FL 33024

ARTICLE VI REGISTERED AGENT

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

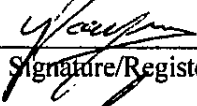
CRISTIAN M. PEREYRA
10050 STIRLING ROAD
COOPER CITY, FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CRISTIAN M. PEREYRA
10050 STIRLING ROAD
COOPER CITY, FL 33024

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



Signature/Registered Agent

04-06-2011

Date



Signature/Incorporator

04-06-2011

Date