

PII0000039470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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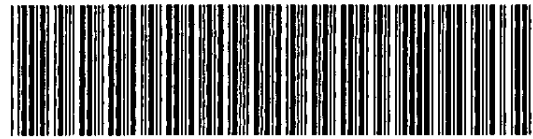
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/22/11--01020--020 **78.75

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11 APR 22 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 4/25

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: West Broward Recycle & Emergency tires, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Rodolfo manzon
Name (Printed or typed)

6861 SW 196 Ave.
Address

Pembroke Pines, FL 33332
City, State & Zip

(954) 632-1404
Daytime Telephone number

manzond@bellsouth.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: West Broward Recycle & Emergency Hires, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

68101 SW 196 Ave
Pembroke Pines, FL 33332

Mailing address, if different is:

Same

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:

4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rodolfo Monton
Address: 68101 SW 196 Ave
Pembroke Pines, FL 33332

Name and Title: President
Address: _____

Name and Title: Ricardo Gonzalez
Address: 68101 SW 196 Ave
Pembroke Pines, FL 33332

Name and Title: Vice-President
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Rodolfo Monton
Address: 68101 SW 196 Ave
Pembroke Pines, FL 33332

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Rodolfo Monton
Address: 68101 SW 196 Ave
Pembroke Pines, FL 33332

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

X [Signature]
Required Signature/Registered Agent

4/12/11
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.

X [Signature]
Required Signature/Incorporator

4/12/11
Date

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