

03/30/2030

P12000246883

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000134676 3)))



H120001346763ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 18 AM 10:42

**FLORIDA PROFIT/NON PROFIT CORPORATION
DPL NEW AUTO MARINE SHOP INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

RECEIVED
12 MAY 18 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

PS Stefan

03/30/2030 04:35

H12000134676

#8946LR002/002
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

12 MAY 18 AM 10:42

ARTICLE I NAME DPL NEW AUTO MARINE SHOP INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5920 SW 148 AVE
MIAMI
FLORIDA 33193

Mailing address, if different is:
5920 SW 148 AVE
MIAMI
FLORIDA 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
UPHOLSTERY AND WINDOW TINTING

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT AMNABEL TEJERA
Address: 5920 SW 148 AVE
MIAMI
FLORIDA 33193

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
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: AMNABEL TEJERA
Address: 5920 SW 148 AVE
MIAMI FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AMNABEL TEJERA
Address: 5920 SW 148 AVE
MIAMI FL 33193

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 

Required Signature/Registered Agent

05/18/2012

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 

Required Signature/Incorporator

05/18/2012

Date

H12000134676