

P12000085124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

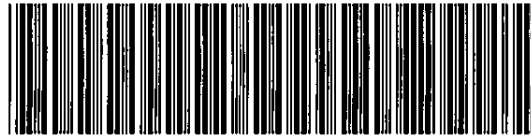
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

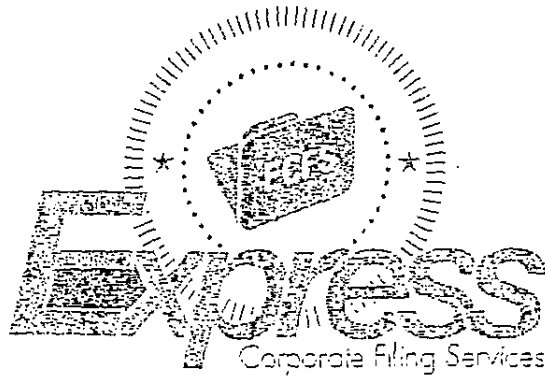


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J. Shivers OCT 9 2012



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

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

1. Acortq Tires, Inc.
(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	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of P.A. Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: **ACOSTA TIRES, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1250 NW 36 STREET
MIAMI, FLORIDA 33142

Mailing address, if different is:
1250 NW 36 STREET
MIAMI, FLORIDA 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is **500 SHARES AT \$1.00 PAR VALUE. THE TOTAL SHARES IS A 50% TO EACH STOCKHOLDER**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MARIA E ACOSTA - PRESIDENT**
Address: **1250 NW 36 STREET**
MIAM, FL 33142

Name and Title: **ANA MARGARITA CEBALLOS - VICE/PRESIDENT**
Address: **1250 NW 36 STREET**
MIAMI, FL 33142

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:

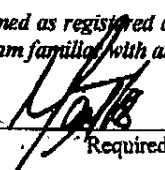
Name: **MARIA E ACOSTA**
Address: **1250 NW 36 STREET**
MIAMI, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MARIA E ACOSTA**
Address: **1250 NW 36 STREET**
MIAMI, FL 33142

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

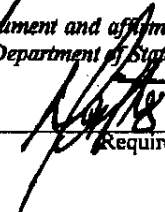
x 

Required Signature/Registered Agent

10/5/12

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

10/5/12

Date

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