P1300000052

(Re	equestor's Name)	
,	- 4	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Na	me)
(Do	ocument Number	
Continue Continu	Contition to	- of Chabina
Certified Copies	Cermicate	s or Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



800245319668

03/04/13--01041--004 **70.00

13 MAR -4 PH 2: 17

Psalls

COVER LETTER

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

SUBJECT: DIEZ SERVICE AND REPAIR, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	i 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
			10V DUTII DUTI

FROM:	OSMANY DIEZ
	Name (Printed or typed)
	8431 NW 16TH ST
	Address
	PEMBROKE PINES, FL 33024
	City, State & Zip
	786-251-2578
	Daytime Telephone number
	mileidyt@aol.com

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 NAM The name of the corporat	tion shall be: DIEZ SERVICE	AND REPAIR, INC.	
	NCIPAL OFFICE Principal street address THIST	Mailing address, if diffe	erent is:
	PINES, FL 33024		
ARTICLE III PURI	POSE A NIX /	AND ALL LAVA/ELL D	LICINITO
The purpose for which the	POSE he corporation is organized is:	AND ALL LAVVPUL B	USINES
			DINE
			13 HAR-L
			2. P.
Name and Title	COME TAIL OFFICERS AND/OR DIRECTOR SENTING SEN	Name and Title:	
Address	PEMBROKE PINES, FL 33024	Address:	
Name and Title:	Variable 10 10 10 10 10 10 10 10 10 10 10 10 10	Name and Title:	
Address		Address:	
		·	
Address		Address:	

name and	u mue;	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	OSMANY DIEZ	the registered agent is.	<u>, </u>
Address:	8431 NW 16TH ST		SECRE I
	PEMBROKE PINES, FL 33024		R -L
ARTICLE VII	INCORPORATOR		OF STAT
The name and ad	dress of the Incorporator is:		1 gm
Name:	OSMANY DIEZ		S
Address:	8431 NW 16TH ST		
	PEMBROKE PINES, FL 33024	•	
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	istered agent and agree to act in this capacit	
	Required Signature/Registered Agent		ate
	ument and affirm that the facts stated herein are of Department of State constitutes a third degree felong		submitted in a
	Required Signature/Incorporator	<u> </u>	$\frac{\sqrt{38}}{\sqrt{3}}$.
	/	,	