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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORPORATE ACCESS, INC.
Account Number : FCA000000011
Phone : (850)222-2666
Fax Number : (850)222-1666

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
BEST REBUILT SPECIALIST INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

R 09/10/13

Electronic Filing Menu Corporate Filing Menu Help

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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: BEST REBUILT SPECIALIST INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7051 SW 30 ROAD
MIAMI, FL. 33155

Mailing address, if different is:
7051 SW 30 ROAD
MIAMI, FL. 33155

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARLEN OLIVA
Address: 7051 SW 30 ROAD
MIAMI, FL. 33155
PRESIDENT/DIRECTOR

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: MARLEN OLIVA

Address: 7051 SW 30 ROAD

MIAMI, FL. 33155

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARLEN OLIVA

Address: 7051 SW 30 ROAD

MIAMI, FL. 33155

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

_____ 9/3/13

Required Signature/Registered Agent 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.

_____ 9/3/13

Required Signature/Incorporator Date