

P14000004573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

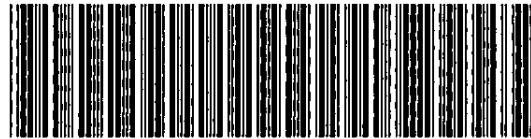
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
2014 JAN 13 PM12:45

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2014 JAN 13 PM 12:45

## COVER LETTER

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

SUBJECT: **B.M.A. Automotive Transport, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: **Ronen Elyakim**

Name (Printed or typed)

**8020 N Miami Avenue**

Address

**Miami, FL 33150**

City, State & Zip

**305-305-2855**

Daytime Telephone number

**bmaautomotive@aol.com**

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: B.M.A. Automotive Transport, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8020 N Miami Avenue

Miami, FL 33150

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: towing services

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**ARTICLE IV    SHARES**

The number of shares of stock is: 300

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ronen Elyakim, President

Name and Title: \_\_\_\_\_

Address 1870 NE 118 Rd

Address: \_\_\_\_\_

North Miami, FL 33181

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

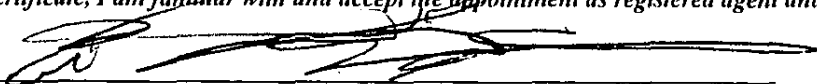
Name: Ronen Elyakim  
Address: 1870 NE 118 Rd  
North Miami, FL 33181

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ronen Elyakim  
Address: 1870 NE 118 Rd  
North Miami, FL 33181

*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*

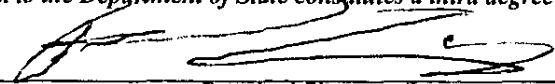


Required Signature/Registered Agent

1-9-14

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.*



Required Signature/Incorporator

Date