

P14022010099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

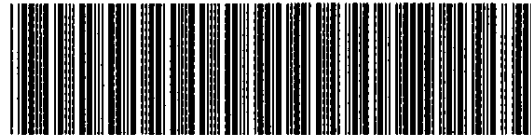
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 29 PM 3:15

## COVER LETTER

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

**SUBJECT:** Doral Tools and Equipment Sales and Rentals 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Jose Vigon Montes  
Name (Printed or typed)

2945 sw 109 Ct.  
Address

Miami, Fl. 33165  
City, State & Zip

305-471-0030  
Daytime Telephone number

jose2485@yahoo.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: Doral Tools and Equipment Sales and Rentals Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7777 nw 55 st.

Miami, Fl. 33166

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To sell and rent tools and equipment.

**ARTICLE IV    SHARES** 500

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Jose Vigon Montes, President

Name and Title: Roberto Vigon, Vice President

Address 2945 sw 109 Ct

Address: 13763 sw 32 st

Miami, Fl. 33165

Miami, Fl. 33175

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Jose Vigon Montes  
Address: 2945 sw 109 ct  
Miami, Fl. 33165

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jose Vigon Montes  
Address: 2945 sw 109 ct.  
Miami, Fl. 33165

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*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  
1-27-14  
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  
1-27-14  
Date