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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

<b>Table 2.1</b>	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATIO **S & S COLLISION INC**

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$78.75	

H 140.00169/62

## **Articles of Incorporation**

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S.

Article I - Name: The name of the corporation shall be

S & S COLLISION Inc

Article II - Principal and Mailing Address

2284 W 8ct Hialeah Fl 33010

**Article III - Shares** 

The number of shares of stock is:

100

Article IV - Initial Officers and/or Directors

Sonny Amaro (P)

Article V - Registered Agent

The name and Florida street address of the registered agent is:

Sonny Amaro 2284 W & ct Hialeah Fl 33010

**Article VI - Incorporator** 

The name and address of the incorporator is:

Sonny Arnaro 2284 W SCT Hialean FL 33010

#7587 P.003/003

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## Required Signatures:

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

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.

lacorporator Date

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