

P15000085596

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Vicente Suarez gave  
permission via email  
to add officer title  
OC 10/19

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
15 OCT 19 AM 9:12

OCT 19 2015

T CANNON

**COVER LETTER**

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

**SUBJECT:** 69th Street Auto Service Center, 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:** Vicente Suarez  
Name (Printed or typed)

4106 NW 167 Street  
Address

Miami Gardens Florida 33054  
City, State & Zip

786-768-0906  
Daytime Telephone number

vicentecuba66@hotmail.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)

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: 69th Street Auto Service Center, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6901 NW 7th Ave

4106 NW 167 St

Miami Florida 33150

Miami gardens Florida 33054

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Auto Repair and Services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Vicente Suarez. Pres.

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

Address 4106 NW 167 St

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

Miami Gardens Florida 33054

Name and Title: Miguel A. Casado - V.P.

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

Address 1750 NE 169 Street

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

North Miami Florida 33162

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

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

Address \_\_\_\_\_

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

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: Miguel A. Casado  
 Address: 1750 NE 169 Street  
 North Miami Florida 33162

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Miguel A. Casado  
 Address: 1750 NE 169 Street  
 North Miami Florida 33162

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/18/2015 (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 \_\_\_\_\_ 09/18/2015  
 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.*

 \_\_\_\_\_ 09/18/2015  
 Required Signature/Incorporator Date