

PI6000026358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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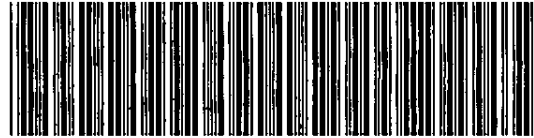
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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MAR 18 2016

S. PRATHER

## COVER LETTER

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

**SUBJECT:** KADASA MOBILE AUTO WORKS CORP.

(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:** Joseph Villate

Name (Printed or typed)

250 Catalonia Ave STE 506

Address

Coral Gables, FL 33134

City, State & Zip

305-541-4714

Daytime Telephone number

villatecpa@bellsouth.net

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**MIRTA MASIA**

3037 SW 21 Street  
MIAMI, FLORIDA 33145

Date: March 15, 2016  
Florida Department of State  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re:

Name release letter

**Document Number** P15000018900

KADASA MOBILE AUTO WORKS CORP  
3037 SW 21 Street  
MIAMI, FLORIDA 33145

I **MIRTA MASIA**, Vice President of the KADASA MOBILE AUTO WORKS CORP., Document Number P15000018900 hereby state and confirm with my signature below, that I acknowledge that the company is Voluntary Dissolved, and further that there is no intention of reinstating said company.

If needed as such, I hereby state my permission to allow Juan Masia use of that name in her newly opened company.

My authorization and acknowledgement is given with my signature below.



**MIRTA MASIA**

KADASA MOBILE AUTO WORKS CORP., Document Number P15000018900

**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: KADASA MOBILE AUTO WORKS CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3037 SW 21 ST

Miami, FL 33145

Mailing address, if different is:  
(Same)

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

For any and all lawful business.

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TALLAHASSEE, FLORIDA

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Juan Masia, President & Secretary

Address: 3037 SW 21 ST

Miami, FL 33145

Name and Title: Mirta Masia, President & Treasurer

Address: 3037 SW 21 ST

Miami, FL 33145

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

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

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

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

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

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

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

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: Mirta Masia  
Address: 3037 SW 21 ST  
Miami, FL 33145

**ARTICLE VII INCORPORATOR**

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

Name: Joseph Villate  
Address: 250 Catalonia Ave STE 506  
Coral Gables, FL 33134

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TALLAHASSEE, FLORIDA

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/15/2016 (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*

X Mirta Masia  
Required Signature/Registered Agent

03-15-2016  
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.*

[Signature]  
Required Signature/Incorporator

3/15/16  
Date