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LAZARUS

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
GASSO MOBILE CAR WASH INC**

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

RECEIVED

16 APR 19 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 19 AM 10:57

616.570

744
4-2016

ARTICLES OF INCORPORATION H16000097163
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

Gasso Mobile Car Wash Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2955 SW 16th St

Miami, FL 33145

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Gonzalo Gasso - P

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Gonzalo Gasso

2955 SW 16th St

Miami FL 33145

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Gonzalo Gasso

2955 SW 16th St

Miami FL 33145

H16000097163

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 19 AM 10:57

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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.



Incorporator_____
Date

15 APR 19 AM 10:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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