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Florida Department of State

Division of Corporations  
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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  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ACHERO TRUCK REPAIR, INC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL -5 PM 1:13

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# 2ND REQUEST

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7/6/16

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**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: ACHERO TRUCK REPAIR, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4462 NW 204TH ST4462 NW 204TH STMIAMI GARDENS FL 33055MIAMI GARDENS FL 33055**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TRUCK MECHANIC**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: PRESIDENT LAZARO A PIEDRA

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

Address 4462 NW 204TH ST

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

MIAMI GARDENSFLORIDA 33055

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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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: LAZARO A PIEDRA  
 Address: 4462 NW 204TH ST  
 MIAMI GARDENS FL 33055

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAZARO A PIEDRA  
 Address: 4462 NW 204TH ST  
 MIAMI GARDENS FL 33055

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 DEPARTMENT OF STATE  
 ATLANTA, GEORGIA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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

  
 Required Signature/Registered Agent

07/01/2016

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.

  
 Required Signature/Incorporator

07/01/2016

Date

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