

P16000072677

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.

((H16000220807 3)))



H160002208073ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: _____

RECEIVED

16 SEP -6 PM 4:33

ALLIED BUSINESS SERVICES, INC.

**FLORIDA PROFIT/NON PROFIT CORPORATION
M&A TIRE GROUP CORP.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

16 SEP -6 AM 9:29

SEP. 07 2015

T. SCOTT

09/06/2016 15:28

3052201440

LAZARUS

PAGE 02/03

H16000220807

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:

M&A Tire Group corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

29974 SW 158 PL

Homestead FL 33033

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Marta morfa

(P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Marta Morfa

29974 SW 158 PL

Homestead FL 33033

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

Marta Morfa

29974 SW 158 PL

Homestead FL 33033

16 SEP -6 AM 9:30

H16000220807

H16000220807

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

Marta Morfa Ntshf 9/6/16
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.

Ntshf 9/6/16
Incorporator Date

H16000220807