

P/6000092895

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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M. MOON  
NOV 14 2016

16 NOV 14 PM 3:34

16 NOV 14 PM 3:34

October 15, 2016

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

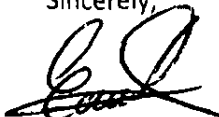
Re: P15000050505

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



Lazaro Amat

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STATE  
16 NOV 14 PM 5:34



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

16 NOV 14 PM 12:48

RECEIVED  
DIVISION OF CORPORATIONS

October 25, 2016

MARIA E. RUIZ  
7750 SW 117TH AVE., STE. 201D  
MIAMI, FL 33183

SUBJECT: LUCERO TIRES REPAIR CORP  
Ref. Number: W16000072642

We have received your document for LUCERO TIRES REPAIR CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the name and Florida street address of the registered agent. A p.o. box is not acceptable.

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 516A00022933

RECEIVED  
DIVISION OF CORPORATIONS  
16 NOV 14 PM 5:34

## COVER LETTER

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

SUBJECT: LUCERO TIRES REPAIR 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: MARIA E RUIZ

Name (Printed or typed)

7750 SW 117TH AVE SUITE 201D

Address

MIAMI FLORIDA 33183

City, State & Zip

305 595-2407

Daytime Telephone number

MARIAQUIROS9@HOTMAIL.COM

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

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

16 NOV 14 PM 5:34  
RECEIVED  
FILING SECTION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

**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: LUCERO TIRES REPAIR CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

310 W 35TH STREET

HIALEAH FLORIDA 33012

Mailing address, if different is:

7750 SW 117TH AVE SUITE 201D

MIAMI FLORIDA 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1.00 EA

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

Name and Title: LAZARO AMAT, PRES

Address 340 W 35 STREET

HIALEAH FLORIDA 33012

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

15 NOV 14 PM 5:34  
FILED  
STATE  
OF FLORIDA

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 Amat

Address: 340 W. 35 Street

Hialeah, FL 33013

**ARTICLE VII INCORPORATOR**

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

Name: Lazaro Amat

Address: 340 W. 35 Street

Hialeah, FL 33013

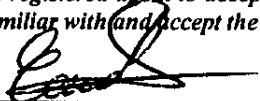
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/13/16. (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*

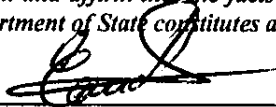


Required Signature/Registered Agent

10/10/2016

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

10/10/2016

Date

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SECRET  
FILED  
NOTED