

P17000003656

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.

(((H17000011607 3)))



H170000116073A BCX

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

17 JAN 12 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

\*\*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  
GARRIDO REPARATION INC

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

01/12/2017 15:00

11/13/17

H17000011607

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

GARRIDO REPARATION INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3629 SW 89 CT  
MIAMI FL 33165

17 JAN 12 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

EDUARDO ANTONIO GARRIDO (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

EDUARDO ANTONIO GARRIDO  
3629 SW 89 CT  
MIAMI FL 33165

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

EDUARDO ANTONIO GARRIDO  
3629 SW 89 CT  
MIAMI FL 33165

H17000011607

H17000011607

**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

17 JAN 12 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H17000011607