

P17000008901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

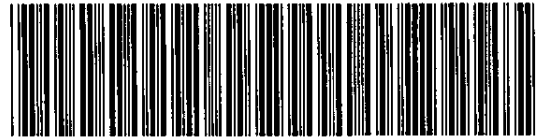
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/26/17--01019--018 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/20/17

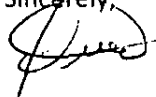
01/27/17

January 20, 2017

To whom it may concern,

I, Gilberto Diaz Calzadilla, President of the dissolved entity, Los Vinaleros Lube Services, Inc (P15000085418), hereby attest that I have no further interest in continuing with this entity or to have it reinstated.

Sincerely,



Gilberto Diaz Calzadilla

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LOS VINALEROS LUBE SERVICES INC
(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: GILBERTO DIAZ CALZADILLA
Name (Printed or typed)

9630 NW S RIVER DR BAY B
Address

MEDLEY, FL 33166
City, State & Zip

786-991-5311
Daytime Telephone number

gilbertodiaz857@gmail.com
E-mail address: (to be used for future annual report notification)

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

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: LOS VINALEROS LUBE SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9630 NW S RIVER DR BAY B

MEDLEY, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GILBERTO DIAZ CALZADILLA Name and Title: _____

Address: 9630 NWS RIVER DR BAY B Address: _____

MEDLEY, FL

33166

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: GILBERTO DIAZ CALZADILLA
Address: 9630 NW S RIVER DR, BAY B
MEDLEY, FL 33166

ARTICLE VII INCORPORATOR

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

Name: GILBERTO DIAZ CALZADILLA
Address: 9630 NW S RIVER DR, BAY B
MEDLEY, FL 33166

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/20/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

1/20/17
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

1/20/17
Date

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MEDLEY, FL 33166

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Name and Title: GILBERTO DIAZ CALZADILLA Name and Title: _____

Address: 9630 NWS RIVER DR BAY B Address: _____

MEDLEY, FL

33166

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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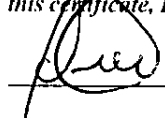
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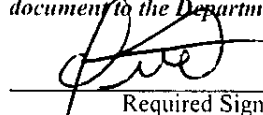
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