

P17000081455

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

ATX1

SUBJECT: SHELL CAR SERVICE 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: MAGDELINE GONZALEZ CPA, PA

Name (Printed or typed)

8360 W. FLAGLER STREET, STE 206

Address

MIAMI, FL 33144

City, State & Zip

305-302-3918

Daytime Telephone number

racbayamo@yahoo.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 NAMEThe name of the corporation shall be: SHELL CAR SERVICE INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
5305 NW 36 STREETMIAMI, FLORIDA 33166-5924

Mailing address, if different is:

8600 SW 133 AVENUE RD, APT 120MIAMI, FLORIDA 33183**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to transact any and all lawful business permitted under the laws ofthe United States of America and the laws of the State of Florida.**ARTICLE IV SHARES**The number of shares of stock is: 500 shares at \$1.00 par value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jackeline Gonzalez, President

Name and Title: _____

Address: 8600 SW 133 AVENUE RD, APT 120

Address: _____

MIAMI, FLORIDA 33183

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Jackeline GonzalezAddress: 8600 SW 133 AVENUE RD, APT 120MIAMI, FLORIDA 33183**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Jackeline GonzalezAddress: 8600 SW 133 AVENUE RD, APT 120MIAMI, FLORIDA 33183

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PALM BEACH, FLORIDA

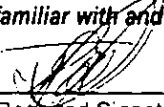
ARTICLE VIII EFFECTIVE DATE:

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 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

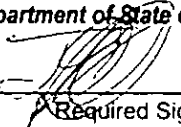


Required Signature/Registered Agent

9/27/2017

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

9/27/2017

Date