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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

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REGISTRATION  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
HERRERA REPAIR INC**

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

**2ND REQUEST**

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OCT 30 2017

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October 27, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: HERRERA REPAIR INC  
REF: W17000086127

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please list a full principle address to include the city, state, and zipcode.

Please return the corrected original and one copy of 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.

JUAN A REYES  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H17000282912  
Letter Number: 817A00021730

H17000282912

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Herrera Repair INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7360 SW 23 ST  
Miami FL 33155**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jorge L Herrera (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Jorge L Herrera  
7360 SW 23 ST  
Miami FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jorge L Herrera  
7360 SW 23 ST  
Miami FL 33155

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**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

Tony L. G.  
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.

Tony L. G.  
Incorporator

Date

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