

P18 000 024391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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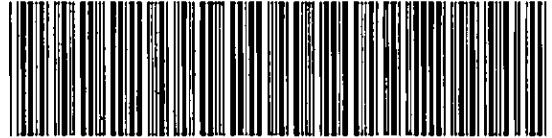
(Business Entity Name)

(Document Number)

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18 MAR -8 PM 12:53  
TALLAHASSEE, FLORIDA

D. OWEN

MAR 15 2018

## COVER LETTER

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

**SUBJECT:** D S AUTOGLASS CORPORATION

(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:** DAVID SUAREZ

Name (Printed or typed)

10407 OLD CUTLER ROAD APT. 205

Address

CUTLER BAY FLORIDA 33190

City, State & Zip

(786) 712-1758

Daytime Telephone number

troplant@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: D S Autoglass Corporation

### ARTICLE II PRINCIPAL OFFICE

Principal street address  
10407 Old Cutler Road

Apt. 205

Cutler Bay FL 33190

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to Sale, Repair and Maintenance of autoglass for all type of motor vehicle

### ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Suarez, P/T/S/D

Address 10407 Old Cutler

Apt. 205

Cutler Bay FL 33190

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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18 MAR + 8 PM 12: 53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

41

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: Juan A. Guzman  
Address: 18091 SW 134 CT  
Miami, FL 33177

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David Suarez  
Address: 10407 Old Cutler Apt. 205  
Miami, FL 33190

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/01/2018 (OPTIONAL)

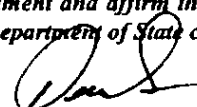
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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  
03/01/2018  
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  
03/01/2018  
Date

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

Address 10407 Old Cutler

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

Apt. 205

Cutler Bay FL 33190

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

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