

P18000031639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

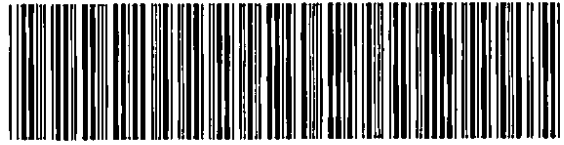
Certified Copies _____ Certificates of Status _____

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18 APR -6 AM 11:42

DEPARTMENT OF STATE

SECRETARY OF STATE
TALLAHASSEE, FL 32304

18 APR -6 PM 3:32

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Coral Gables, FL 33134
Phone: 305-444-4994
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18 APR - 6 PM 3:33
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TALLAHASSEE, FL

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Professional Parking Valet Inc.
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

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: PROFESSIONAL PARKING VALET INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

170 SE 14 STREET # 2603

MIAMI, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUISNESS

ARTICLE IV SHARES

SHARES: 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEONEL ECHEVARRIA (P/CEO)

Name and Title: _____

Address: 170 SE 14 STREET # 2603

Address: _____

MIAMI, FL 33131

Name and Title: RENE FABREGA (P/CEO)

Name and Title: _____

Address: 170 SE 14 STREET # 2603

Address: _____

MIAMI, FL 33131

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY
TALLAHASSEE, FL 32301

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: LEONEL ECHEVARRIA
Address: 170 SE 14 STREET # 2603
MIAMI, FL 33131

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Leonel Echevarria & Rene Fabrega
Address: 170 SE 14 STREET # 2603
MIAMI, FL 33131

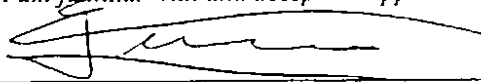
ARTICLE VIII EFFECTIVE DATE:

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.

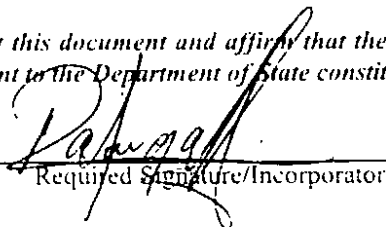
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

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

Date