

P19000011890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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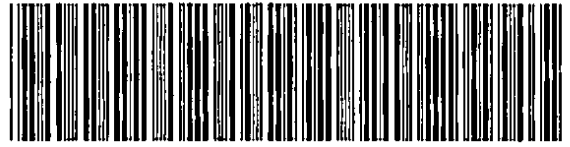
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 FEB -4 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 12 2019

K Brumbley

COVER LETTER

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

PINMAS COMMERCIAL TIRES INC

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: PINMAS COMMERCIAL TIRES INC

Name (Printed or typed)

13872 SW 90 AVE APT FF208

Address

MIAMI FLORIDA 33176

City, State & Zip

Daytime Telephone number

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: PINMAS COMMERCIAL TIRES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13872 SW 90 AVE APT FF208

MIAMI FLORIDA 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IVAN HERNANDEZ BENITES PRESID

Name and Title: _____

Address 13872 SW 90 AVE APT FF208

Address: _____

MIAMI FLORIDA 33176

Name and Title: MARIA ESTHER TORRES REMEDIOS

Name and Title: _____

Address 13872 SW 90 AVE APT FF208

Address: _____

MIAMI FLORIDA 33176

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: IVAN HERNANDEZ BENITES

Address: 13872 SW 90 AVE APT FF208

MIAMI FLORIDA 33176

ARTICLE VII INCORPORATOR

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

Name: ALVARO GONZALEZ

Address: 14612 SW 10 STREET

MIAMI FL 33184


ARTICLE VIII EFFECTIVE DATE: 2/1/2019

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

1/30/2019

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

1/30/2019

Date