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Division of State
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Electronic Filing Cover Sheet

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

From: Account Name : PEDRO LUCQUINOS
Account Number : 120170000042
Phone : (954) 655-8413
Fax Number : (954) 432-8807

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FLORIDA PROFIT/NON PROFIT CORPORATION
36 ST MECHANIC AND TIRES SHOPS INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2019 FEB 20 AM 8:17

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FLORIDA DEPARTMENT OF STATE
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COVER LETTER

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

SUBJECT: 36 ST MECHANIC AND TIRES SHOPS 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: JUAN CARLOS ANTUNEZ

Name (Printed or typed)

1038 NW 36TH ST

Address

MIAMI FL, 33127

City, State & Zip

786-443-4265

Daytime Telephone number

PLUZQUIINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: 36 ST MECHANIC AND TIRES SHOPS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1038 NW 36TH ST MIAMI FL, 33127

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN CARLOS ANTUNEZ(P)

Name and Title:

Address: 1038 NW 36TH ST MIAMI FL, 33127

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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 CARLOS ANTUNEZ
 Address: 1038 NW 36TH ST MIAMI FL. 33127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN CARLOS ANTUNEZ
 Address: 1038 NW 36TH ST MIAMI FL., 33127

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TALLAHASSEE, FLORIDA

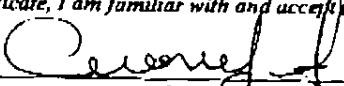
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

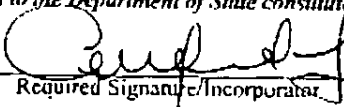
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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 Date: 02-19-2019

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: 02-19-2019

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