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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: Ortiz Auto Repair 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: Eugenio Oliver Ortiz
Name (Printed or typed)

9330 NW 17 Avenue
Address

Miami, FL 33147
City, State & Zip

305-746-2736
Daytime Telephone number


coliver57@yahoo.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

1. The name of the Corporation shall be: Ortiz Auto Repair Corporation
2. The Principle place of business and of the corporation is: 9330 NW 17 Avenue Miami, FL 33147
3. The Mailing Address of Business is: 9330 NW 17 Avenue Miami, FL 33147
4. The Corporation shall have the authority to issue 10,000 shares of stock.
5. The registered agent of the corporation is Eugenio Oliver Ortiz and the registered address is 9330 NW 17 Avenue Miami, FL 33147
6. The initial Board of Directors shall have 1 member whose name and address are as follows Eugenio Oliver Ortiz of 9330 NW 17 Avenue Miami, FL 33147.

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

7. The Board of Directors elects Eugenio Oliver Ortiz of 9330 NW 17 Avenue Miami, FL 33147 as President
 8. The incorporator of this corporation is Eugenio Oliver Ortiz whose street address is 9330 NW 17 Avenue Miami, FL 33147
- Dated 04-30-2019 

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated 04-30-2019


Registered Agent

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TALLAHASSEE, FL