

P19 000 039870Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000156834 3)))



H190001568343ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
DORAL AUTO COLLISION CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
19 MAY 13 AM 10:40
TALLAHASSEE, FL 32301

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

MAY 14 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Doral Auto Collision Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9376 NW 13th #39Doral FL 33172**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yandriel Padron Machado (P)

FILED
MAY 13 2019
CLERK OF DISTRICT COURT
JULIA A. SASSER, III
CLERK

19 MAY 13 AM 10:40

FILED

40

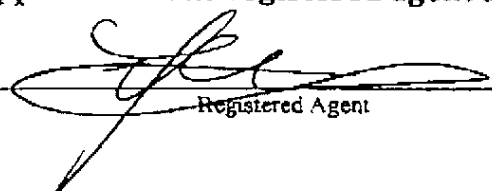
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yandriel Padron Machado9376 NW 13th #39Doral FL 33172**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Yandriel Padron Machado9376 NW 13 ST. #39Doral FL 33172

Required Signatures:

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

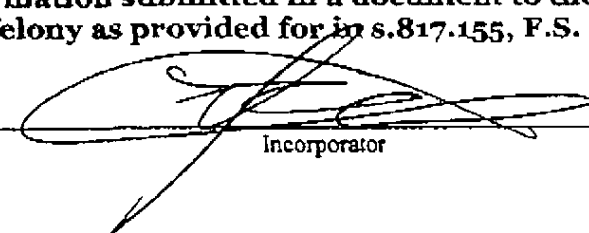


Registered Agent

5/10/19

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.



Incorporator

5/10/19

Date

FILED
19 MAY 13 AM 10:40
TALLAHASSEE, FLORIDA

FILED

19 MAY 13 AM 10:40