P19000043910

(Re	questor's Name)	<u> </u>
(Ad	ldress)	
(Ad	dress)	-
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	Wait	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·
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N CULLIGAN MAY 3 0 2019

COVER LETTER.

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

SUBJECT: Sanchez	Auto Mechanic Inc		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate o Status
		ADDITIONAL CO	PPY REQUIRED
FROM:	0 NW 36th St Ste 450	e (Printed or typed)	
		Address	
Dor	al. FL 33166		
	City	. State & Zip	
844	-941-1120		
	Daytime 1	Celephone number	
clier	nt@alexpina.co		
	E-mail address: (to be use	d for future annual report i	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 corporate	Sanchez Auto Mechanic Inc			
ARTICLE II PRINC		<i>N</i>	Mailing address, if differen	t is:
Kissimmee, FL 34741		<u> </u>		
ARTICLE III PURPO The purpose for which the	PSE the corporation is organized is:			
ANY AND ALL LAW				
			21	2019
			AHASS	₩ 1 30
			(n)	<u>₹</u> 0
			22	<u>ශ</u>
	LOFFICERS ANDIOR DIRECTORS Nortali Jose Suncher Gueder - Provident			
	Kissimmee, FL 34741			
Name and Title:				
Name and Title:		Name and Title:_	·-·	
Address				

· ' Name an	nd Title:	Name and Title:		
Address	;	Address:		
	<u>REGISTERED AGENT</u> <u>lorida street address</u> (P.O. Box NOT accepta	hle) of the registered agent is:		
Name:	Alex Pina co.	one) of the registered agent is.		
·	8400 NW 36th St Ste 450		20	
	Doral, FL 33166		F 1 2019 MAY 3.0 TALL AHASS	
ARTICLE VII	<u>INCORPORATOR</u>			
The name and a	ddress of the Incorporator is:		(C)	
Name:	Neptali Jose Sanchez Guedez		<u> </u>	
Address;	1601 Sanibel Dr			
	Kissimmee, F1, 34741			
Effective date, if (If an effective of filing.) Note: If the date	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and e inserted in this block does not meet the appl	cannot be more than five days icable statutory filing requiremen	prior or 90 days after the	
the document's e	ffective date on the Department of State's rec	ords.		
Having been nar this certificate, I	ned as registered agent to accept service of p am familiar with and accept the appointment	rocess for the above stated corp as registered agent and agree to	oration at the place designated ir act in this capacity	
	1 Home		05/29/2019	
	Required Signature/Registered Ager	nt	Date	
I submit this document to the	cument and affirm that the facts stated herei Department of but	n are true. I am aware that the effory as provided for in s.817.	false information submitted in a $155, F.S.$	
	Mptali Jose Sandier Guder	•	05/29/2019	
Required Signature/Incorporator			Date	