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To:

Division of Corporations

Fax Number : (850)617-6381

From:

ربن

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I28000000019 : (305)552-5973 Phone 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 GIUSEPPE AUTO TECH INC.

0	Certificate of Status
1	Certified Copy
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I** NAME: The name of the corporation is:

(Jivs	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	3873 SW 192 AVENUE, MIMI,
	3873 SW 142 AVENUE, MIMI, Florida, 33186
ARTICL	E III SHARES: The number of shares of stock is:
	ARTICLE IV INITIAL DIRECTORS AND OR OFFICERS:
2	VAN TRANCISCO MARTINEZ (F)
<u> </u>	LANVEL Grillio MARTINEZ (V.P)_
	(A)
ARTIC	CLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The nam	ne and Florida street address (PO Box not acceptable) of the registered agent is:
	Sun Francisco MARTINEZ
1/3	879 SW 142 AV, MIAM, F-1, 59/8
A TOTAL	CLE VI INCORPORATOR: The name and address of the Incorporator is:
	an Francisco Martinez
135	873 Sw 142 Avenue, miam Fl
29	3186

## Required Signatures:

Having been named as registered agent to accept service of process for the above stat corporation at the place designated in this certificate, I am familiar with and accept to appointment as registered agent and agree to act in this capacity

Registered Agent 04/15/19
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 Date