

P19000057880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

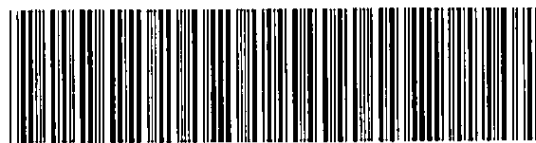
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Certified Copies _____ Certificates of Status _____

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19 JUL 25 PM 4:32

FILED

2019 JUL 25 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MR Motorcars Corp
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Alex Pina co.
Name (Printed or typed)
8400 NW 36th Ste 450
Address
Doral, FL 33166
City, State & Zip
844-941-1120
Daytime Telephone number
client@alexpina.co
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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MR Motorcars Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8206 Holmstrom Way

Orlando, FL 32827

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Manuel F Rojas Leal - President

Name and Title: Naydelis C Soto de Rojas - Vice Pres.

Address 8206 Holmstrom Way

Address: 8206 Holmstrom Way

Orlando, FL 32827

Orlando, FL 32827

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Alex Pina co. _____

Address: 8400 NW 36th St Ste 450 _____

Doral, FL 33166 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Manuel F Rojas Leal _____

Address: 8206 Holmstrom Way _____

Orlando, FL 32827 _____

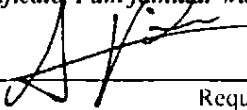
ARTICLE VIII EFFECTIVE DATE:

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

07/25/2019

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.



Required Signature/Incorporator

07/25/2019

Date