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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

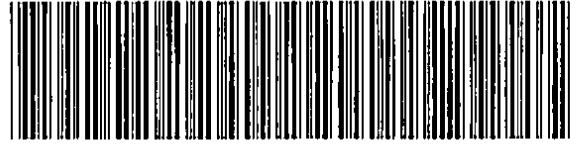
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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19 AUG 20 PM 4: 11

COVER LETTER

19 AUG 20 PM 4: 52

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

SUBJECT: Super Autos La 15 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 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: Alex Pina co
Name (Printed or typed)
8400 NW 36th St 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 Super Autos La 15 Corp
The name of the corporation shall be: _____

19 AUG 20 PM 4: 02

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
8206 Holmstrom Way _____

Orlando, FL 32827 _____

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

ARTICLE IV SHARES 10,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Manuel F Rojas Leal - President	Name and Title:	_____
Address	8206 Holmstrom Way	Address:	_____
	_____		_____
	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: 19 AUG 29 PM 4: 47

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 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

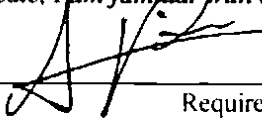
ARTICLE VIII EFFECTIVE DATE:

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 08/16/2019 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.

Manuel Rojas Required Signature/Incorporator 08/16/2019 Date