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(Requestor's Name)

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(City/State/Zip/Phone #)

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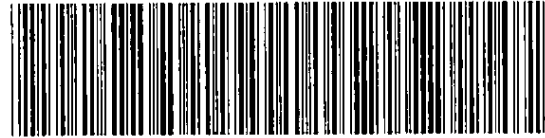
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT 17 PM 12:02

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2019 OCT 17 PM 1:41
SPECIAL FILING OFFICE
TALLAHASSEE, FLORIDA

OCT 18 2019

COVER LETTER

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

SUBJECT: EUROJAP AUTOMOTIVE RESTORATION INC

(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: MARLEN I MURILLO MEZA

Name (Printed or typed)

5860 SW 21 ST

Address

WEST PARK , FL 33023

City, State & Zip

786-307-9759

Daytime Telephone number

isabelamurillo1992@yahoo.com

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 EUROJAP AUTOMOTIVE RESTORATION INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5860 SW 21 ST _____

WEST PARK, FL 33023 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND LAWFUL BUSINESS _____

ARTICLE IV SHARES

The number of shares of stock is: 25000 _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marlen I Murillo Meza , President

Name and Title: Jose N Cruz , Vicepresident

Address 611 sw 176th. Ave

Address: 611 sw 176th. Ave

Pembroke Pines, FL 33029

Pembroke Pines, FL 33029

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: Cornerstone Tax and Acct. Svcs. Corp
Address: 4835 Hollywood Blvd Suite 4
Hollywood, FL 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marlen I Murillo Meza
Address: 611 sw 176th. Ave
Pembroke Pines, FL 33029

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
10/16/2019
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.

Required Signature/Incorporator
10/16/2019
Date