

P190000084618

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003341173)))



H190003341173ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 NOV 13 PM 4:21

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
22 AVE MECANICA MUFFLER TIRE SERVICE CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

Please File this one

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

22 AVE MECANICA MUFFLER TIRE SERVICE
ARTICLE II PRINCIPAL OFFICE: CORP

The principal street address and mailing address is:

P 4475 NW 22 AVE Miami FL 33142
M: 3336 SW 23 TER Miami FL 33145

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

EDWIN MAURICIO CRUZ MENDOZA (P)
(S) ERIC GERARDO LOPEZ GUSMAN

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

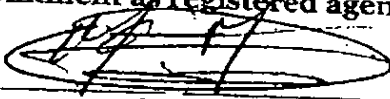
EDWIN MAURICIO CRUZ MENDOZA
4475 NW 22 AVE
MIAMI FL 33142

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

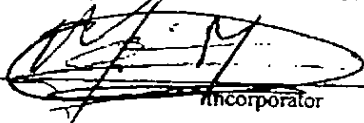
EDWIN MAURICIO CRUZ MENDOZA
4475 NW 22 AVE
MIAMI FL 33142

Required Signatures:

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

_____
Registered Agent_____
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