

Florida Department of
 Statewide Corporations
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To:

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

From:

Account Name : NEW LIFE COMPANY, INC.
 Account Number : I20150000122
 Phone : (786)218-4201
 Fax Number : (786)452-0986

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: OpenCorp@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
 GARCIA AC REPAIR CORP**

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$78.75 |

NOV 20 2019

T. SCOTT

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ARTICLES OF INCORPORATION

FOR

GARCIA AC REPAIR CORP

THE UNDERSIGNED, has execute the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of the corporation shall be:

GARCIA AC REPAIR CORP

ARTICLE II

This corporation shall commence existence upon the filling of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

Principal place of business address:

18975 SW 270TH ST
HOMESTEAD, FL 33031

The mailing address of the corporation is:

18975 SW 270TH ST
HOMESTEAD, FL 33031

ARTICLE III

PURPOSE:

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

SHARES:

In this agreement the party the party shall be The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 1000 shares, having an individual per value of \$10.00 and the share of each shareholder are as follows:

| | |
|-------------------------------|------|
| MIGUEL A GARCIA DEL LLANO | 100% |
| 18975 SW 270 TH ST | |
| HOMESTEAD, FL 33031 | |

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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STATE OF FLORIDA
DEPARTMENT OF STATE
FALL WATKINSVILLE, FL 32610

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ARTICLE V

REGISTERED AGENT:

The name and Florida Street address of the registered agent is:

MIGUEL A GARCIA DEL LLANO
18975 SW 270TH ST
HOMESTEAD, FL 33031

ARTICLE VI

The name and address of the incorporator shall be:

MIGUEL A GARCIA DEL LLANO
18975 SW 270TH ST
HOMESTEAD, FL 33031

ARTICLE VII

The initial officer(s) and/or director(s) of the corporation is/are

Title: P

MIGUEL A GARCIA DEL LLANO
18975 SW 270TH ST
HOMESTEAD, FL 33031

ARTICLE VIII

EFFECTIVE DATE:

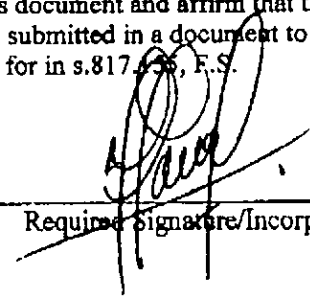
IN WITNESS WHERE OF, the undersigned incorporator has we executed these Article of
Incorporation this 11/19/2019

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as a registered agent.

Signature: 
Signature/Registered Agent

11/19/19.
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.817.33, F.S.

Signature: 
Required Signature/Incorporator

11/19/19
Date