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.

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L	Division of Corpora	tions		TT (1)	AON	
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,	Account Name : EX	PRESS CORPORATE FILING	SERVICE INC.		<u>*</u>	
,	Account Number : I2	.0000000146		• .		
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## FLORIDA PROFIT/NON PROFIT CORPORATION J. LUIS AUTO RESTORATION CORP

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FLORIDA DEPARTMENT OF STATE Division of Corporations

EXPRESS

SUBJECT: J. LUIS AUTO RESTORATION CORP

REF: W19000101717

November 20, 2019

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please send complete file including cover sheet,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

FAX Aud. #: H19000339194 Letter Number: 119A00023781

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

8245 NW 68 AVE # 51 HALEAH, FL 33015 (RTICLE III - PURPO) The purpose for which the			
RTICLE III PURPO. The purpose for which the			
	SE ANY AS e corporation is organized is:		19 NOV 19 AM 1: 36
Name and Title	tock is:  LOFFICERS AND/OR DIRECTORS  LUIS L. SALAVERRY (P)		
Address	18245 NW 68 AVE = 519	Address:	
	HIALEAH, FL 33015		
Name and Title:		Name and Title:	
Address			
Name and Title:		Name and Title:	

Name :	and Title:	Name and Title:		
Addre	ss	Address:		
	REGISTERED AGENT	til vogski og staren kommerter		
<del></del>	Florida street address (P.O. Box NOT accepta LUIS L. SALAVERRY	bie) of the registered agent is:	TAL	
Name: Address:	18245 NW 68 AVE # 519		FIL 19 NOV 19 SECRETÁSSI	
	HIALEAH, FL 33015		FILE NOV 19 A	
ARTICLE VII	INCORPORATOR			
The name and	address of the Incorporator is:		: 37	
Name: Address:	LUIS L. SALAVERRY			
	18245 NW 68 AVE # 519			
	HIALEAH, FL 33015			
ADTICLE VIII	I EFFECTIVE D.CTC.			
Effective date,	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL cannot be more than five days p	) irior or 90 days after the	
Note: If the da	ne inserted in this block does not meet the apple effective date on the Department of State's rec		s, this date will not be listed as	
• •	amed as registered agent to accept service of p I am familiar with and accept the appointment			
	ocument and affirm that the facts stated herei c Department of State constitutes a third degree			
	· · · · · · · · · · · · · · · · · · ·	·	11/18/2019	
Reg	uired Signature/Incorporator/Registered Agent	<del></del>	Date	