

2/12/2020

Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
RUDDYY AUTO SOLUTIONS, INC

Certificate of Status	0
Certified Copy	0
Page Count	03
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DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME RUDDY AUTO SOLUTIONS, INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1055 SHARAR AVE

OPA LOCKA, FL 33054

ARTICLE III PURPOSE

ANY AND LAWFUL BUSINESS

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RUDDY AGUSTIN YANES (P)

Name and Title: _____

Address: 1055 SHARAR AVE

Address: _____

OPA LOCKA, FL 33054

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: RUDDY AGUSTIN YANES
Address: 1055 SHARAR AVE
OPA LOCKA, FL 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RUDDY AGUSTIN YANES
Address: 1055 SHARAR AVE
OPA LOCKA, FL 33054

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

2-5-2020

Required Signature, 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.

2-5-2020

Required Signature, Incorporator

Date