

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.

(((H20000142155 3)))



H200001421553ABCU

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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
GARCIA'S MULTISERVICE AND REPAIR INC.**

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

K. PAGE

MAY 14 2020

Electronic Filing Menu

Corporate Filing Menu

Help

2020 MAY 13 PM 6:19
STATE
TALLAHASSEE, FL

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Garcia's Multiservice and Repair inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2441 SW 138 PL, Miami, FL33175Daniel Garcia Barreto.**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Daniel Garcia Barreto. (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

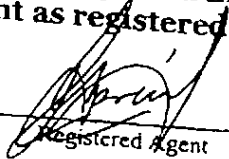
The name and Florida street address (PO Box not acceptable) of the registered agent is:

DANIEL GARCIA BARRETO2441 SW 138 PLMIAMI FL 33175**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:DANIEL GARCIA BARRETO2441 SW 138 PLMIAMI FL 331752020 MAY 13 PM 6:19
STATE
MILWAUKEE FL

FILED

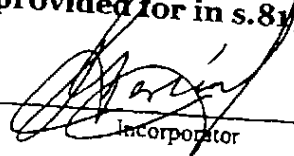
Required Signatures:

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

FILED
2020 MAY 13 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FL