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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

K PACE

Account Number : I20000000019

Phone : (305)552-5973

JUN 2 4 2020

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.

Fmail Address:		 	

FLORIDA PRO	FIT/NON PROFIT	CORPORATION
DINAMIC E	SODY SHOP & CO	LLISION INC

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

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

DINAMIE BODY SHOP & COLLISION INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:  9550 NW 79 AV BAY 138 14  HIALOH GARDNS, FL 33016	
ARTICLE III SHARES: The number of shares of stock is: 100	
ROBERTO DE ANORA (P)	
3 (A) A)	ນ ຄຸນ ກ
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	in: <b>L</b> 8
ARTICLE V INITIAL REGISTERED AGENT AND STREET AI) DRESS:	!
The name and Florida street address (PO Box not acceptable) of the registered agent is:  ROBERTO DE ANOMA	
9550 NW 79 AV BAY 13&14	
HIALE-AH FL 33016	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:  ROBERTO DE ANORA	
9550 NW 79 AV BAY 132:14	
HIALEAH FL 33016	

Date

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## 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

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 I rate