

Florida Department of State

Division of Corporations

Electronic Filing System

P21000000396

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.

((H21000131629 3)))



H210001316293ADCI

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 : WISE TAX FIRM INC.
Account Number : I20210000019
Phone : (786)620-0001
Fax Number : (786)227-6631

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
EVELIO DIXIE TIRE INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
2021 APR -2 PM 3:00
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

RECEIVED

2021 APR -2 PM 3:00

H21001316293

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

EVELIO DIXIE TIRE INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

22750 SOUTH DIXIE HIGHWAY

MIAMI, FL 33170

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

EVELIO DIAZ- PRESIDENT

22750 SOUTH DIXIE HIGHWAY

MIAMI, FL 33170

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

EVELIO DIAZ

22750 SOUTH DIXIE HIGHWAY

MIAMI, FL 33170

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

EVELIO DIAZ

22750 SOUTH DIXIE HIGHWAY

MIAMI, FL 33170

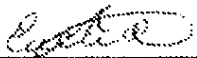
H210001316293

FILED
2021 APR -2 PM 2:43

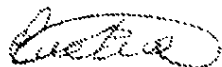
H210001316293

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

 04/02/2021
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.

 04/02/2021
Incorporator Date

FILED
021 APR -2 PM 2:43
STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

H210001316293