

P 21 00005513

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
MIAMI REPOSSESSED, INC.**

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

21 JUN 11 PM 5:59
SECRETARY OF STATE
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2021 JUN 11 PM 4:08

SB
6/14/21

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Miami Repossessed, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2419 West 3rd Ct.Hialeah, FL 33010**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**FRANCISCO T. LOPEZ (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

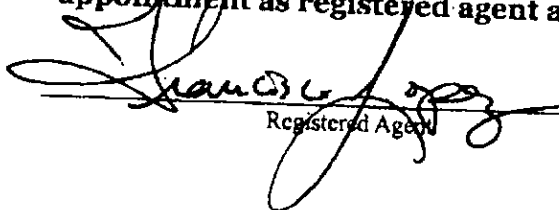
2419 W. 3rd Ct.Hialeah, FL 33010Francisco T Lopez**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:2419 W. 3rd Ct.Hialeah, FL 33010Francisco T LopezSECRETARY OF STATE
ALLAH ASHTE

21 JUN 11 PM 5:54

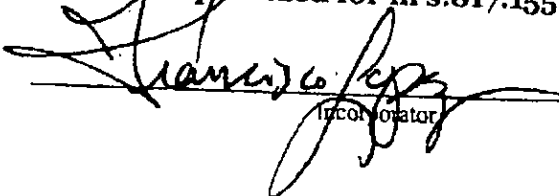
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Required Signatures:

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 _____ Date 06/11/21

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 06/11/21

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