Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ISAMAR TORRES Account Number : I20200000137 Phone : (786)660-0108 Fax Number : (305)503-7123

Enter the email address for this business entity to be used for future $\frac{\pi^2}{2}$ annual report mailings. Enter only one email address please.

Email Address:___

FLORIDA PROFIT/NON PROFIT CORPORATION DAVID SERVICES & REPAIR CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

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

| ARTICLE I NAME The name of the corporation shall be: DAVID SERVICES CORP | & REPAIR |
|--|--|
| ARTICLE II PRINCIPAL OFFICE Principal street address | Mailing address, if different is: |
| | and the state of t |
| Hialeah Gardens F1. 330 | 018 |
| TREAL PURPOSE The purpose for which the corporation is organized is: | arpentry |
| | |
| | 22 III |
| | |
| | |
| RTICLE IV SHARES he number of shares of stock is:100 | |
| RTICLE V INITIAL OFFICERS AND/OR DIRECTOR | - |
| Name and Title: Wayid Lopez - Pre | Siden Name and Title: |
| Address <u>8839 NW 117 St.</u> Hialeuh Garder | |
| F1. 33018 | |
| Name and Title: | Name and Title: |
| Address | Address: |
| | |
| Name and Title: | Name and Title: |
| Address | |
| - | |

| 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 projetered agent is: |
| Name: David Lanez. | int registered agent is. |
| Address: 8834 NW 117 St. | |
| Hialeah Gardens Fl. | 33018 |
| ARTICLE VII INCORPORATOR | ❖. ≃ |
| The name and address of the Incorporator is: | dr APP |
| Name: David Lope 2 | · 🛣 |
| Address: 8839 NW 17 St. | |
| Hialeah Gardens RI | . 33018 E E |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 4 3 3 (If an effective date is listed, the date must be specific and cannot filing.) | .ioptional.i * |
| Note: If the date inserted in this block does not meet the applicable s the document's effective date on the Department of State's records. | |
| Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registere. | the above stated corporation at the place designated in this first dayent and agree to act in this capacity |
| Novid Lopez Required Signature/Registered Agent | 4 2 2 C 1, A C |
| I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes a third degree felony | rue. I am aware that the false information submitted in a |
| Required Signature/Incorporator | Date 4/23/21 |
| | \bigwedge |
| | Secure home |
| | Sout |
| | 8/12/21 |
| | Third time |