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(Requestor's Name)				
(Addi	ress)			
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(City/	State/Zip/Phone #)		
PICK-UP	WAIT	MAIL		
(Busi	ness Entity Name)			
(Doci	ument Number)			
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Certified Copies	Certificates of	or Status		
Special Instructions to Filin	g Officer:			

Office Use Only



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2022 JAN 10 PH 3: 01

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		
Auto Berry Corp.		
		
		A cost to City
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
		UCC 11 Search
Name	Date 7	me UCC II Retrieval
Walk-In	Will Pick Up _	

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: AUTO BERRY CORP	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Bared & Associates, P.A.	(Printed or typed)
201 Alhambra Circle, Sui	te 501
Coral Gables, FL 33134	State & Zip
305-665-3311 Daytime Te	lephone number
mimi@baredlaw.com E-mail address: (to be used	for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I The name of the co	NAME AUTO BERRY CORF	.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Maili	ng address, if different is:
	201 Alhambra Circle, Suite 501	•	,
	Coral Gables, FL 33134		
_			SHORET
•			SE SE
ARTICLE III			두골 등
	which the corporation is organized is:		
Any and all la	awful business.		N 10
			결국 우
			SE 유
			<u>д</u> т ж
			ည်း လုံ
4 5 5 7 5 7 7	ATT PRO		8: 17 E. FL
ARTICLE IV			
The number of sha	res of stock is:100		1**
APTICIE V	INITIAL OFFICERS AND/OR DIRECT	กอร	
	itte:Moises Kanan, President		
Address:	201 Alhambra Circle, Suite 501		
11001003.	Coral Gables FL 33134		
	TAIR CHOICE, II DO NO		
Name and T	itle: Jaime Kanan, Secretary	Name and Title:	
Address:	201 Alhambra Circle, Suite 501	Address:	
	Coral Gables, FL 33134	<u></u>	
	itle:	Name and Title:	
Address:		Address:	
			
			
ADDICT P 177	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable	A of the registered agent is:	
Name:	Pablo R. Bared, Esq.		
Address:	201 Alhambra Circle, Suite 501		
Addicas.	Coral Gables, FL 33134		
	Coldi Gables, Ft. 33134		
ARTICLE VII	INCORPORATOR		
The name and add	Iress of the Incorporator is:		
Name:	Pablo R. Bared, Esq.		
Address:	201 Alhambra Circle, Suite 501		
	Coral Gables, Flx33134		
Having been name	ed as registered agent to accept service of pro-	cess for the above stated co	orporation at the place designated in
this certificate, I an	n familiar with and accept the appointment as	registered agent and agree	to act in this capacity
			January 6, 2022
	Required Signature Registered Agent		Date
	X AT		
I submit this docu	ment and affirm that the facts stated herein t	are true. I am aware that t	the false information submitted in a
document to the De	epartment of State constitutes a th ird degree (el	ony as provided for in s.81	7.155, F.S.
	1. 1		
)	January 6, 2022
	Required Signature/Incorporator	/	Date

Required Signature/Incorporator