

P22000047663

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((1122000204676 3)))



11220002046763ABC8

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 : RODRIGUEZ R. & CO. LLC
Account Number : 120180000052
Phone : (305)496-8203
Fax Number : (786)496-9445

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RAUL@RODRIGUEZR.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
MAKRO RUEDAS LOS PIONEROS CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu Help

RECEIVED
2022 JUN 13 PM 1:07
CORPORATIONS
COMMERCIAL
SERVICES

2022 JUN 13 PM 1:50
ALLUAS-DE.FL

((H220002046763))

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 62F, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MAXRO RUEDAS LOS PIONEROS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8350 NW 52ND TERRACE, STE. 301
DORAL FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARMEN KATIVSKA

Name and Title: _____

Address ESCALONA LUCENA
PRESIDENT

Address: _____

8350 NW 52ND TER.
STE 301

Name and Title: DORAL FL 33166

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 JUN 13 PM 1:50
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 06-13-2022 BY 60322

((H220002046763))

((H220002046763))

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 registered agent is:

Name: Paul Rodriguez
 Address: 8200 NW 41 Street
MIAMI FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paul Rodriguez
 Address: 8200 NW 41 Street
MIAMI FL 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Paul Rodriguez 06/13/22
 Required Signature/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.

Paul Rodriguez 06/13/22
 Required Signature/Incorporator Date

((H220002046763))