

7/5/22, 10:51 AM

Division of Corporations
Florida Department of State
Business Corporations
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To:

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

From:

Account Name : ALEX PINA CO.
Account Number : 120190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION MONASTERIO MOTORS CORP

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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:

MONASTERIO MOTORS CORP**ARTICLE II PRINCIPAL OFFICE****6135 Pierce St**Principal street address

Mailing address, if different is:

Hollywood, FL 33024**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any And All Lawful Purposes**ARTICLE IV SHARES**

The number of shares of stock is:

10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Karina A Monasterio Monasterio - President**

Name and Title:

Address

6135 Pierce St

Address:

Hollywood, FL 33024

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Alex Pina Co

Address: 8400 NW 36th St Ste 450

Doral, FL 33166

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Karina A Monasterio Monasterio

Address: 6135 Pierce St

Hollywood, FL 33024


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

 07/05/2022

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 §817.155, F.S.

 07/05/2022

Required Signature/Incorporator Date

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TALLAHASSEE, FLORIDA