Partia per mentoristés 6643 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.

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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 : LAZARUS CORPORATE FILING SERVICE, IN Account Number : 12000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	ν.	5435 VAIC 52	í
Ent	er the email address for this business entity to be use annual report mailings. Enter only one email address p	ed for future lease.	MH 2: I	a a garan Salah
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FLORIDA PROFIT/NON PROFIT CORPORATION ALL PRO TRUCK & TRAILER REPAIR, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I ... NAME: The name of the corporation is:

All Pro True	ck & Trailer Repair, Inc.
ARTICLE II	PRINCIPAL OFFICE:
The principal street	address and mailing address is:
14361 Commerce Way	V. Ste 103
Miami Lakes, FL 33016	
A CONTRACTOR OF THE PARTY OF TH	
;	
ARTICLE III SHARES: The nur	mber of shares of stock is: 100
ARTICLE IV INITIAL	DIRECTORS AND/OR OFFICERS:
Christopher Casado - Pres	ident
Janine de Armas - Vice Pr	••
Alexander Casado - Vice	
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	State Control of State
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	STERED AGENT AND STREET ADDRESS:
The name and Florida street address	(PO Box not acceptable) of the registered agent is:
Janine se Armas	
14361 Commerce Way	<u>Sie 103</u>
Miami Lakes, FL 33016	
ARTICLE VI INCORPORAT	OR: The name and address of the Incorporator is:
Janine de Armas	· · · · · · · · · · · · · · · · · · ·
14361 Commerce Way	Ste 103
Mismil skor El:22016	\$

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

08/25/2022

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

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