

P22000071563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

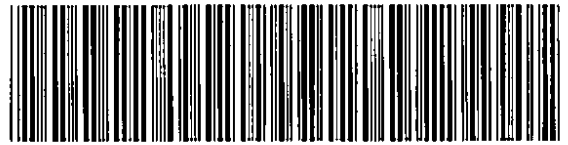
(Document Number)

Certified Copies _____

Certificates of Status _____

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S. CHATHAM

SEP 16 2022

09/12/22--01004--013 **35.00

09/15/22--01007--027 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 15 PM 3:16

RECORDED
2022 SEP 15 PM 2:43

CAPITAL CONNECTION, INC.

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

MM CAR & TRUCK TIRE SERVICES INC

Signature _____

Requested by: SETH

09/14/22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ 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 _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

MM CAR & TRUCK TIRE SERVICES INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

7717 W 29 LN APT 202 HIALEAH FL 33018

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TIRE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARVIN MOLIA P

Name and Title: _____

Address 7717 W 29 LN APT 202 HIALEAH FL 33018

Address: _____

Name and Title: SHIRLEY E MOLINA VP

Name and Title: _____

Address 7717 W 29 LN APT 202 HIALEAH FL 33018

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

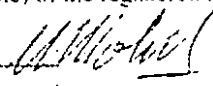
Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 15 PM 3:16

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

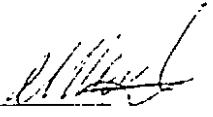
ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARVIN MOLINA 
Address: 7717 W 29 LN APT 202 HIALEAH FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARVIN MOLINA 
Address: 7717 W 29 LN APT 202 HIALEAH FL 33018

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22 SEP 15 PM 3:14

ARTICLE VIII EFFECTIVE DATE:

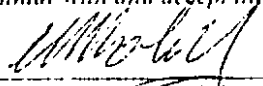
Effective date, if other than the date of filing: 09/09/2022 (OPTIONAL)

(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

XXX



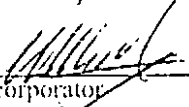
Required Signature/Registered Agent

09/09/2022

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.

XXX



Required Signature/Incorporator

09/09/2022

Date