10-31-2022 12:31 8336482730 2/4

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KCO SERVICES, LLC

Account Number : I2020000018 Phone : (954)744-6605 Fax Number : (833)648-2730

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

Email Address: miami4rent@wondergoldusa.com

## FLORIDA PROFIT/NON PROFIT CORPORATION **MIAMI MOTORS 4 RENT CORP**

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help



10-31-2022-12:31 8336482730 3/4

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

	VCIPAL OFFICE Principal <u>street</u> address	Mailing addres	s, if different is:
		DORAL, FL 33172	
-	POSE  h the corporation is organized is:		
			- ¬ 1s2 tu
			=
RTICLE IV SHA e number of shares	RES of stock is: 100		<u>ှ</u>
	RES of stock is: 100  TAL OFFICERS AND/OR DIRECTORS		Ç
TICLE V INIT	IAL OFFICERS AND/OR DIRECTORS	Name and Title:	្ត ភូមិ
RTICLE V INIT			្ត ភូមិ
Name and T	TAL OFFICERS AND/OR DIRECTORS itle: CARLOS A DE LEMOS MUNOZ-President		្ត ភូមិ
Name and T Address	IAL OFFICERS AND/OR DIRECTORS  itle: CARLOS A DE LEMOS MUNOZ-President  10474 NW 31 TER STE 1  DORAL, FL 33172	Address:	ວ່າ ວ່າ
Name and T Address	IAL OFFICERS AND/OR DIRECTORS  itle: CARLOS A DE LEMOS MUNOZ-President  10474 NW 31 TER STE 1	Address: Name and Title:	ວ່າ ວ່າ
Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS  itle: CARLOS A DE LEMOS MUNOZ-President  10474 NW 31 TER STE 1  DORAL, FL 33172	Address: Name and Title: Address:	ວ່າ ວ່າ
Name and T Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS itle: CARLOS A DE LEMOS MUNOZ-President 10474 NW 31 TER STE 1 DORAL, FL 33172	Address: Name and Title: Address:	្ត: ប

Name ar	nd Title:	Name and Title:			
Address		Address:			
	<del></del> :				
	REGISTERED AGENT				
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptab	e) of the registered agent is:			
Name:	CARLOS A DE LEMOS MUNOZ				
Address:	10474 NW 31 TER STE 1	<del></del>			
	DORAL, FL 33172				
APTICI F VII	INCORPORATOR	2-			
ARTICED ! II	INCOM ONTOR	<del>.</del> U			
The <u>name and a</u>	ddress of the Incorporator is:	:			
Name:	KCO SERVICES LLC				
Address:	7717 Paddock PL	·			
	Davie, Fl 33328	======================================			
		<del></del>			
ARTICI F VIII	EFFECTIVE DATE:	5.5			
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.)					
mug.)					
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					
* /	-A8	10/20/20			
	Required Signature/Registered Agent				
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.					
	The state of the s	1			
		10/25/2022.			
Required Signati	ure/Incorporator	Date			
	J				