

2/2/23, 3:29 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ALEX PINA CO.
Account Number : I20190000095
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

**FLORIDA PROFIT/NON PROFIT CORPORATION
LENDYS AUTO REPAIR CORP**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FL

2023 FEB -2 PM 8:00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: **LENDYS AUTO REPAIR CORP****ARTICLE II PRINCIPAL OFFICE**Principal street address
1325 W 68th St APT 221

Mailing address, if different is:

Hialeah, FL 33014**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: **Lendys J Viloria Fabelo - President**

Name and Title: _____

Address **1325 W 68th St APT 221**

Address: _____

Hialeah, FL 33014

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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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: Lendys J Viloria Fabelo

Address: 1325 W 68th St APT 221
Hialeah, FL 33014

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*_____
Required Signature/Registered Agent_____
02/01/2023_____
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.*_____
Required Signature/Incorporator_____
02/01/2023_____
Date

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