## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : 120200000022 Phone : (305)298-6579 Fax Number : (305)643-5225

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

Email Address: <u>Ormir Services</u>

FLORIDA PROFIT/NON PROFIT CORPORATION J & J AUTO COMPLETE AUTO CARE CORP

Certificate of Status	1
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Corporate Filing Menu

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

The name of the corpora	tion shall be: J & J AUTO COMPLE	TE AUTO CARE CORP		
420 S PARROTT A OKEECHOBEE, F	Principal street address	420 S PAR	Mailing address, if different is: 20 S PARROTT AVE OKEECHOBEE, FL 34974	
<u> </u>	<b>2SE</b> he corporation is organized is:	ANY AND ALL LAWFUL BI	USINESS	
	ES stock is: <u>100</u> L OFFICERS AND/OR DIRECTOR		12023 HAR -2 AN 2: TALLAHASSIE,	
Name and Title:	ALEXIS RAMOS	Name and Title:	ASSSII	
Address	420 S PARROTT AVE	Address:	in Si Lio	
·	OKEECHOBEE, FL 34974		TATE 3	
Name and Title:_		Name and Title:		
Address _		Address:		
Nome and Title				
Address _		Address:		

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PAGE 03/03

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Name and	Title:		
Address		A delegano	
7144(40)		Address:	<del></del> ,
ARTICLE VI RI	EGISTERED AGENT		
The <u>name and Flor</u>	ida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name:	ALEXIS RAMOS		
Address:	420 S PARROTT AVE		
-	OKEECHOBEE, FL 34974		
ARTICLE VII IN	CORPORATOR		
The name and add	ress of the Incorporator is:		- 202
Name:	ALEXIS RAMOS		711 2023 HAR
Address:	420 S PARROTT AVE	<del>_</del>	AH P
	OKEECHOBEE, FL 34974		AHASSEI
			How is
ARTICLE VIII E	FFECTIVE DATE:  ner than the date of filing:	4	TO 1
(II an ellective date	e is listed, the date must be specific and c	(OPTIONA) annot be more than five days	L) mi prior or 90 days after the
filing.)		•	Process on the major access (11)
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Having been named	as registered agent to accept service of proci	ess for the above stated company	tion at the place designated in this
condition to the fact of	peur wan unu uccepi ine appoiniment as reg	isieted agent and agree to act is	this capacity
	lexis Lano,		3/2/2023
	Required Signature/Registered Agent		Date
I submit this docum	ent and affirm that the facts stated herein	are true. I am aware that the	false information submitted in a
accument to the Dep	ariment of State constitutes a third degree fo	elony as provided for in s.817.12	55, F.S.
Required Signature/I	ies Kanos		3/2/2023
Required Signature/I	ncorporator		hate ————