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

From: Account Name : MJD ACCOUNTING SERVICES CORP
Account Number : I20220000156
Phone : (954)471-5645
Fax Number : (305)356-3688

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

Email Address: _____

RECEIVED
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DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
CHIILEANS AUTO CORP

Certificate of Status	1
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: CHILEANS AUTO CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~office~~ address

Mailing address, if different is:

995 JASMINE STREET
NORTH FORT MYERS FL 33903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JORGE A CARRASCO

Name and Title: PRESIDENT

Address: 9017 W CROW CIR
LABELLE FL 33935

Address: _____

Name and Title: WILLIAM NICOLAS PENAREDONDA

Name and Title: VICE PRESIDENT

Address: 995 JASMINE STREET
NORTH FORT MYERS FL 33903

Address: _____

Name and Title:

Name and Title:

Address:

Address:

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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: WILLIAM NICOLAS PENAREDONDA
Address: 995 JASMINE STREET
NORTH FORT MYERS FL 33903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILLIAM NICOLAS PENAREDONDA
Address: 995 JASMINE STREET
NORTH FORT MYERS FL 33903


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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

06/01/2023

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.

WILLIAM NICOLAS PENAREDONDA

Required Signature/Incorporator

06/01/2023

Date

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