

P23 0000 48617

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000227857 3))



H230002278573ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : TAX 4 TRUCKS INC
Account Number : I20190000100
Phone : (305)764-3080
Fax Number : (305)675-6155

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

Email Address: JORGE@TAX4TRUCK.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
SR AVILA CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED
2023 JUN 27 PM 1:44
CORPORATIONS
COMMERCIAL
SERVICES

STATE
CORPORATION SERVICES, FL

2023 JUN 27 PM 12:41

FILED

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: SR AVILA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
6743 CROOKED PALM TER
MIAMI LAKES, FL 33014

Mailing address, if different is:

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:	<u>ROBERTO AVILA FRAU, P</u>	Name and Title:	_____
Address	<u>6743 CROOKED PALM TER</u>	Address:	_____
	<u>MIAMI LAKES, FL 33014</u>		_____

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

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


 STATE
 OF
 FLORIDA
 JUN 27 PM 12:41
 FILED

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: ROBERTO AVILA FRAU
 Address: 6743 CROOKED PALM TER
MIAMI LAKES, FL 33014

DEPARTMENT OF STATE
 TALLAHASSEE, FL
 2023 JUN 27 PM 12:42
 FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERTO AVILA FRAU
 Address: 6743 CROOKED PALM TER
MIAMI LAKES, FL 33014

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/5/2023 (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

Roberto Avila 6/27/2023
 Required Signature/Registered Agent 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.

Roberto Avila 6/27/2023
 Required Signature/Incorporator Date