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Division of Corporations

P230000069898

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (350)617-6381

From:

Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION
JIM CAR WASH CORP

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

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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: JIM CAR WASH CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
2531 NW 84TH AVE APT 207

Mailing address, if different is:

Doral, FL 33122**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any And All Lawful Purpose.**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JIM E CAPOTE CARDOZO - PRESIDENTName and Title: MARIA V CUTOLO DE CAPOTE - VICEPRESIDENTAddress 2531 NW 84TH AVE APT 207Address: 2531 NW 84TH AVE APT 207Doral, FL 33122Doral, FL 33122

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: JIM E CAPOTE CARDOZO

Address: 2531 NW 84TH AVE APT 207
Doral, FL 33122

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**AP*

Required Signature: Registered Agent

09/27/2023

*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.**AP*

Required Signature: Incorporator

Date

Date
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 09/27/2023
 OFFICE OF THE
 CLERK OF THE
 STATE
 TALLAHASSEE, FL

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