

## Florida Department of State

H23000408360

Division of Corporations  
Electronic Filing Cover Sheet**P2300008275**

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## To:

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

## From:

Account Name : CITI TAXES LLC  
Account Number : I20230000131  
Phone : (305)803-4427  
Fax Number : (305)402-6230

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

Email Address: CITI.TAXES@YAHOO.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**BOAT PARTS MIAMI, CORP**

Certificate of Status	1
Certified Copy	0
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Corporate Filing Menu

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T.J.H.

11/30/23

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## COVER LETTER

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Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: **BOAT PARTS MIAMI, CORP**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: CITI TAXES LLC

Name (Printed or typed)

5721 NW 112TH AVE APT 108

Address

DORAL, FL 33178

City, State & Zip

305-803-4427

Daytime Telephone number

CITI.TAXES@YAHOO.COM

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: **BOAT PARTS MIAMI, CORP**ARTICLE II PRINCIPAL OFFICEPrincipal street address

1900 SW 8TH ST APT W808

MIAMI, FL 33135

Mailing address, if different is:

1900 SW 8TH ST APT W808

MIAMI, FL 33135

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: **ALL AND ANY LAWFUL BUSINESS**

EIN # 93-4614041

ARTICLE IV SHARESThe number of shares of stock is: **100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: **CARLOS URBINA RIOS- PRESIDENT** Name and Title:Address: **1900 SW 8TH ST APT W808**  
**MIAMI, FL 33135**

Address:

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:CARLOS URBINA RIOS

Address:1900 SW 8TH ST APT W808

MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:CARLOS URBINA RIOS

Address:1900 SW 8TH ST APT W808


MIAMI, FL 33135

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

11/29/2023  
\_\_\_\_\_  
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

11/29/2023  
\_\_\_\_\_  
Date

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