

# P240000019555

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LUXURY XPRESS MOBILE TIRES AUTOMECHANIC CORP**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

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TALLAHASSEE, FLORIDA

## 2ND REQUEST

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Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

EIN: 99-1843418

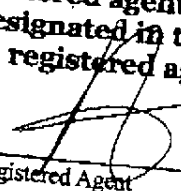
**ARTICLE I NAME:** The name of the corporation is:Luxury Xpress mobile tires**ARTICLE II PRINCIPAL OFFICE:** AutomechanicThe principal street address and mailing address is: corp2625 NW 22 Ct Apt 2  
Miami FL 33142**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Richard Junior Gutierrez Miranda (P)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

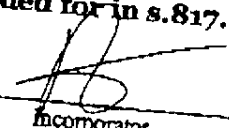
2625 NW 22 Ct # 2 Miami, FL 33142  
Richard Junior Gutierrez Miranda  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:2625 NW 22 Ct # 2 Miami FL 33142  
Richard Junior Gutierrez Miranda  
\_\_\_\_\_  
\_\_\_\_\_FILED  
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**Required Signatures:**

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

  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date