

P24000029162

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FL

2024 APR 24 AM 9:47

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FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: I20210000160: \$70.00

Authorization Signature: *Paul Yella*

Business Name: Pole Position Classics CORP

Document #

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS & **AMENDMENTS**

<input type="checkbox"/> Profit Corp	<input type="checkbox"/> Amendment
<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Resignation / Withdrawal
<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Change of Registered Agent
<input type="checkbox"/> Domestication	<input type="checkbox"/> Revocation of Dissolution
<input type="checkbox"/> LLLP	<input type="checkbox"/> Merger
<input checked="" type="checkbox"/> X Corp	<input type="checkbox"/> Articles of Conversion
<input type="checkbox"/> Inc	<input type="checkbox"/> Amended & Restated Articles of Incorporation
<input type="checkbox"/> Other	<input type="checkbox"/> Statement of Authority

APOSTILLE(s) & **OTHER FILINGS**

<input type="checkbox"/> Apostille(s)	<input type="checkbox"/> Foreign Filing
	<input type="checkbox"/> Reinstatement
	<input type="checkbox"/> Qualification
<input type="checkbox"/> Country(s)	<input type="checkbox"/> Fictitious Name
	<input type="checkbox"/> Annual Report

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL

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: Pole Position Classics CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6996 SW 47TH ST. Miami - FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Baltazar Diego Costa-Peuser

~~Name and Title:~~

President

Address 6996 SW 47TH ST

Address:

MIAMI, FL 33155

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

DEPT. OF STATE
TALLAHASSEE, FL

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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: BLUEMAX PARTNERS CORP

Address: 848 BRICKELL AVE. STE 1130

MIAMI, FL 33131

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: BLUEMAX PARTNERS CORP

Address: 848 BRICKELL AVE. STE 1130

MIAMI, FL 33131

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

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

Date

4/22/2024

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DEPARTMENT OF STATE
ALLAHBASSE
4/22/2024