

P24000034437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

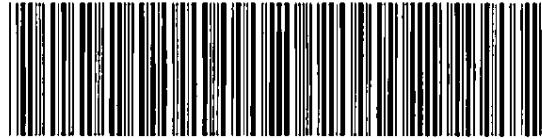
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/16/24

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S. CHATHAM  
MAY 21 2024

04/09/24--01032--002 \*\*70.00

FILED  
2024 MAY 16 PM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: Tarquin Tire 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: Carlos Alberto Tarquin Treminio.  
Name (Printed or typed)

822 Chaplin Avenue.  
Address

Lehigh Acres, FL 33971.  
City, State & Zip

239-321-3883  
Daytime Telephone number

CA 4453870@gmail.com.  
E-mail address: (to be used for future annual report notification)

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

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: Jacquira Tire Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Carlos Alberto Jacquira Termino.  
822. Chaplin Avenue.  
Lehigh Acres, FL 33971.

N/A.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This company will do truck tires, repairs  
and will also repair cars and sell tires, and also provide  
Recall services.

ARTICLE IV SHARES

The number of shares of stock is: 3.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miquelis Jose Jacquira  
Termino.

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
18672 Tangerine Rd.  
Ft. Myers, FL 33967.

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

Name and Title: Juan Miguel Jacquira  
Termino.

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
8221 Lake San Carlos Circle  
Ft. Myers, FL 33967.

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
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TALLAHASSEE, FL

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 Alberto Jacquin Treminio

Address: 822 Chaplin Avenue

Lehigh Acres, FL 33971

**ARTICLE VII INCORPORATOR**

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

Name: Carlos Alberto Jacquin Treminio

Address: 822 Chaplin Avenue

Lehigh Acres, FL 33971

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**TALLAHASSEE, FL**

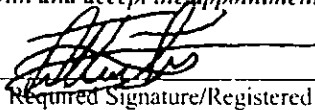
**ARTICLE VIII EFFECTIVE DATE:**

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.)

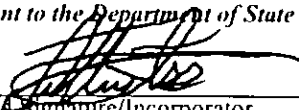
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

May 3, 24  
\_\_\_\_\_  
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

May 3, 24  
\_\_\_\_\_  
Date