

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**P24100004549A**

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) in the top and bottom of all pages of the document.

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

From:  
Account Name : DMG FINANCIAL SERVICES INC  
Account Number : 120230000151  
Phone : (305)595-2407  
Fax Number : (305)595-2408

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

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

RECEIVED

2024 JUL 10 PM 3:17

DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION  
ECHEMENDIA REPAIRS INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2024 JUL 10 PM 3:46



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: ECHEMENDIA REPAIRS INC

ARTICLE II PRINCIPAL OFFICE
Principal street address: 291 NW 90TH AVE
Mailing address, if different is: CORAL SPRINGS, FLORIDA 33071

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ASIEL ECHEMENDIA QUESADA, PR
Address: 291 NW 90TH AVE
CORAL SPRINGS, FLORIDA 33071

Name and Title:
Address:

Name and Title:
Address:

|                       |                       |
|-----------------------|-----------------------|
| 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: ASIEL ECHEMENDIA QUESADA

Address: 291 NW 90TH AVE  
CORAL SPRINGS, FLORIDA 33071

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ASIEL ECHEMENDIA QUESADA

Address: 291 NW 90TH AVE  
CORAL SPRINGS, FLORIDA 33071

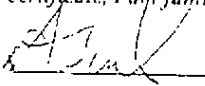
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/12/2024 (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.)

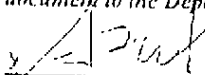
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

07/10/2024  
 \_\_\_\_\_  
 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.*

  
 \_\_\_\_\_  
 07/10/2024