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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DMG FINANCIAL SERVICES INC

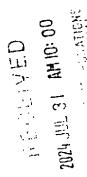
Account Number : 120230000151 : (305)595-2407 Phone : (305)595-2408 Fax Number

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## FLORIDA PROFIT/NON PROFIT CORPORATION TANK REPAIRS & SERVICES INC

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## **COVER LETTER**

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

	(PROPOSED CORPOR/	VTE NAME – <u>MUST INCL</u>	UDE <u>SUFFIX</u> )
sed are an ori	ginal and one (1) copy of the ar	icles of incorporation and	l a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:	ARIA E RUIZ		
	Nam	e (Printed or typed)	
77	750 SW 117TH AVE SUITE 203		
==		Address	
IM	AMI FLORIDA 33183		
_	City	State & Zip	
30	5 595-2407	•	
	Daytime	Telephone number	
A10	RIAQUIROS9@HOTMAIL.COM	etephone number	
IVI)-	_	·	
	E-mail address: (to be use	d for future annual report :	notification)

## ARTICLES OF INCORPORATION

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

	Principal street address	;	Mailing address, if different is:
0 SW 117TH AVE			
AMI FLORIDA 331	/3		
ICLE III PURPO purpose for which th	SE are corporation is organized is:	AND ALL LEGAL PUP	RPOSES
ICLE IV SHARE	<u>S</u> 100		
ICLE IV SHARE number of shares of s	<u>S</u> lock is:		
umber of shares of s	S took is: 100  LOFFICERS AND/OR DIRECTOR		
number of shares of s	lock is:	<u>R.S</u>	
number of shares of s	lock is:	Name and Title:	
number of shares of some solution of shares of solution of shares of solutions of shares of solutions of solutions of shares of solutions o	LOFFICERS AND/OR DIRECTOR LOURDES T CALVI 5850 SW 117TH AVE	Name and Title:  Address:	
number of shares of some solution of shares of solution of shares of solutions of shares of solutions of solutions of shares of solutions o	LORFICERS AND/OR DIRECTOR LOURDES T CALVI 5850 SW 117TH AVE MIAMI FLORIDA 33173	Name and Title: Address:	
Name and Title:  Address	LOFFICERS AND/OR DIRECTOR LOURDES T CALVI 5850 SW 117TH AVE MIAMI FLORIDA 33173	Name and Title: Address:	28
Name and Title:	LORFICERS AND/OR DIRECTOR LOURDES T CALVI 5850 SW 117TH AVE MIAMI FLORIDA 33173	Name and Title:  Address:  Name and Title:	28
Name and Title:  Address	LOFFICERS AND/OR DIRECTOR LOURDES T CALVI 5850 SW 117TH AVE MIAMI FLORIDA 33173	Name and Title: Address:	28
Name and Title:	LOFFICERS AND/OR DIRECTOR LOURDES T CALVI 5850 SW 117TH AVE MIAMI FLORIDA 33173	Name and Title:  Address:  Name and Title:	18 11. 18.02
Name and Title:	LOFFICERS AND/OR DIRECTOR LOURDES T CALVI 5850 SW 117TH AVE MIAMI FLORIDA 33173	Name and Title:  Address:  Name and Title:	2024, 1111
Name and Title:  Address  Name and Title:  Address	LOFFICERS AND/OR DIRECTOR LOURDES T CALVI 5850 SW 117TH AVE MIAMI FLORIDA 33173	Name and Title:  Address:  Name and Title:  Address:	1.8 W. 8: 1.
Name and Title:  Address  Name and Title:  Address	LOFFICERS AND/OR DIRECTOR LOURDES T CALVI 5850 SW 117TH AVE MIAMI FLORIDA 33173	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Name and Title:	1.8 W. 8: 1.

Name a	and Title:	Name and Title:
Addres		
ARTICI E VI	<u>REGISTERED AGENT</u>	
The name and I	Porida street address (P.O. Box NOT accepta	ble) of the registered agent ic:
Name:	LOURDES I CALVI	of the registered agent is:
Address:	5850 SW 117TH AVE	
	MIAMI FLORIDA 33173	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	024
The name and a	ddress of the Incorporator is:	
Name:	LOURDES T CALVI	<u>.</u>
Address:	5850 SW 117TH AVE	
	MIAMI FLORIDA 33173	024 JUL 31 KK 9:
		. 10
ARTICLE VIII Effective date, if (If an effective d filing.)	EFFECTIVE DATE: other than the date of filing: 08/02/2 late is listed, the date must be specific and e	2024 (OPTIONAL) cannot be more than five days prior or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the applied frective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed as ords.
Having been nam certificate, I am fo	ned as pegistered agent to accept service of procumility with and accept the appointment as reg	cess for the above stated corporation at the place designated in this gistered agent and agree to act in this capacity
<del></del>		02/30/2024 Date
.,	Required Signature/Registered Agent	Date
I submit this document to the L	ument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
<u>ٽ</u>	+( (·	