

To: 1/13/25, 6:00 PM

Pe

2025-01-13 23:11:07 GMT

12056023177

From: Alex Pine

P25000003011

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

((H25000015399 3)))



H250000153993ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

**FLORIDA PROFIT/NON PROFIT CORPORATION
RUEDAS CARS AUTO SALES CORP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

2025 JAN 14 AM 10:46

2025 JAN 14 AM 10:46

FILED
2025 JAN 14 PM 12:09

2025 JAN 14 PM 12:09

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: **Ruedas Cars Auto Sales Corp****ARTICLE II PRINCIPAL OFFICE**Principal street address
25 NE 5th St APT 2620

Mailing address, if different is:

Miami, FL 33132**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: **Any And All Lawful Purpose.****ARTICLE IV SHARES**The number of shares of stock is: **10,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Anndy J Arenas Lozano - President**Name and Title: **Yuri K Osorio - Vicepresident**Address: **25 NE 5th St APT 2620**Address: **25 NE 5th St APT 2620****Miami, FL 33132****Miami, FL 33132**

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
2025 JAN 14 PM 12:09
CLERK OF DISTRICT COURT
DADE COUNTY
FLORIDA

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: Alex Pina Co.
Address: 8400 NW 36th St Ste 450
Doral, FL 33166

ARTICLE VII INCORPORATOR

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

Name: Anndy J Arenas Lozano
Address: 25 NE 5th St APT 2620
Miami, FL 33132

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____, (OPTIONAL.)

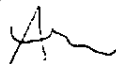
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

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 _____

FILED
2025 JAN 13
01/13/2025
DATE
01/13/2025