

1/19/23, 3:49 PM

P23000003763

Division of Corporations

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.

((H23000024094 3))



H230000240943ABCY

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 : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MASTER GATE GARAGE REPAIR CORP**

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

1/19/23 3:49 PM

1/19/23 3:49 PM



((H23000024094 3)))

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: MASTER GATE GARAGE REPAIR CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16385 BISCAYNE BLVD, APT. 506

NORTH MIAMI BEACH, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GAL PHILLIPS, PRESIDENT

Name and Title: ISRAEL AZRIEL, VICE PRESIDENT

Address: 16385 BISCAYNE BLVD, APT. 506

Address: 4910 SW 33RD TERR

NORTH MIAMI BEACH, FL 33160

FORT LAUDERDALE, FL 33312

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

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: GAL PHILLIPS
 Address: 16385 BISCAYNE BLVD, APT. 506
NORTH MIAMI BEACH, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GAL PHILLIPS
 Address: 16385 BISCAYNE BLVD, APT. 506
NORTH MIAMI BEACH, FL 33160

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

/S/ GAL PHILLIPS 1/18/2023
 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.

/S/ GAL PHILLIPS 1/18/2023
 Required Signature/Incorporator Date