

2023 FEB 02 10:51 AM
Division of Corporations
Florida Department of State
Division of Corporations
Enterprise Center
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : ALEX PINA CO.
Account Number : 120190000095
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
MONTIEL AUTO REPAIR CORP

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

2023 F 2 P11 3:41

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Help

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: MONTIEL AUTO REPAIR CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address: 5491 W 24th Ave Apt 41
Mailing address, if different is:
Hialeah, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any And All Lawful Purposes

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Renzo R Moniel Chavez - President
Address: 5491 W 24th Ave Apt 41
Hialeah, FL 33016

Name and Title:
Address:

Name and Title:
Address:

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2023 FEB -2 PM 8:00
SECRETARY OF STATE
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: 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: Renzo R Moniel Chavez

Address: 5491 W 24th Ave Apt 41
Hialeah, FL 33016

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

02/02/2023

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.

Required Signature: Incorporator

Date

02/02/2023
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 SECRETARY OF STATE
 TALLAHASSEE, FL

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