P25000005353

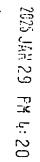
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



200443263022

01/30/25-01001-013 570.00



NECENSED.



When you need ACCESS to the world

CORPORATE ACCESS, 236 East 6th Avenue. Tallahassee, Florida 32303 INC. P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-2666

WALK IN

	PICK UP:	1/29/25 GLINDA	
П	CERTIFIED COPY		
			2025
ХХ	РНОТОСОРУ		S 3 1
	CUS		
ХX	FILING	ARTICLES	
N	MARINO BODY SHOP CORP.		9.6
((CORPORATE NAME AND DOCUMEN	VT #)	
((CORPORATE NAME AND DOCUMES	VΓ #)	
((CORPORATE NAME AND DOCUMEN	NT #)	
((CORPORATE NAME AND DOCUMEN	V Γ#)	
((CORPORATE NAME AND DOCUMES	<u>'</u>	
((CORPORATE NAME AND DOCUMEN	VT #)	
'ECIAL I	INSTRUCTIONS:		

ARTICLES OF INCORPORATION
fit compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE I NAME name of the corporation		/		
FICLE II PRINCIP Pri	AL OFFICE ncipal <u>street</u> address	Ma	iling address, if dif	Terent is:
655 W16	AVC # 25			
1 /	33012			
FICLE III PURPOSE purpose for which the	corporation is organized is:			
Any An	d All Lew	Ful busines	<u> </u>	2075
<u> </u>				<u> </u>
				(<u>)</u>
				·
				<u>့</u> <u>မှ</u>
ICLE IV SHARES		man g		; !
number of shares of stoo ICLE V INITIAL C Name and Title:	DEFICERS AND/OR DIRECT	Mani OName and Title:		
number of shares of stood ICLE V INITIAL C Name and Title: f Address	DEFICERS AND/OR DIRECT IN LONO POGNON 3655 W 110 AM	Mani and Title:		
number of shares of stood ICLE V INITIAL C Name and Title: f Address	DEFICERS AND/OR DIRECT	Mani and Title:		
number of shares of stood ICLE V INITIAL C Name and Title: f Address	DEFICERS AND/OR DIRECT IN LONO POGNON 3655 W 110 AM	Mani and Title:		
number of shares of stock ICLE V INITIAL C Name and Title: f Address	Antono Padnon Se55 W.He Am Hiolagh, FL.3	Mani and Title:		
number of shares of stock ICLE V INITIAL C Name and Title: f Address	Antono Padnon Se55 W.He Am Hiolagh, FL.3	Manin OName and Title:		
Name and Title: Name and Title:	EFICERS AND/OR DIRECT INTONO POCHON 3655 W He AM Ficelegh, FL.3	Manin OName and Title:		
Name and Title: Name and Title:	EFICERS AND/OR DIRECT INTONO POCHON 3655 W He AM Ficelegh, FL.3	Manin OName and Title:		
Name and Title: Name and Title: Address Name and Title:	EFICERS AND/OR DIRECT Intono Padnon Ke55 W. He Au Hiolagh, FL.3	Manin OName and Title:		
Name and Title: Name and Title: Address Name and Title:	EFICERS AND/OR DIRECT Intono Padnon Ke55 W. He Au Hiolagh, FL.3	Manin OName and Title:		
Name and Title: Name and Title: Address Name and Title:	EFICERS AND/OR DIRECT Intono Padnon Ke55 W. He Au Hiolagh, FL.3	Manin OName and Title:		

Name and Title:	Name and Title:	
Address	Address:	TER 21 - J-21 - 21 - 21 - 21 - 21 - 21 - 21
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. B	ox NOT acceptable) of the registered agent is:	
Name: <u>FRF0110 4GOM</u> Address: 3655 W 10	EN MAIONO AN H25	
	L. 33012	25.25
ARTICLE VII INCORPORATOR		2
The name and address of the Incorporator is:	. //	
Name: Antino Pa	deon Manino	्र स्
Address: 3655 W/	2 Ave #25	
tholagh, t	7.330/2	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	1/28/2025 .(OPTIONA	AT)
	ne specific and cannot be more than five days	
Note: If the date inserted in this block does not the document's effective date on the Departme	ot meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as
	pt service of process for the above stated corport pointment as registered agent and agree to act	
certificate, 1 am juantum with and accept the ap	pomment as registered agent and agree to act	in ones capacity
The same of the sa		1/08/0005
Required Signature	Registered Agent	/ Date
Required Signature		trate e false information submitted in
I submit this document and affirm that the fa		e false information submitted in 155, F.S.

.