

P04000095463

Florida Department of State  
Division of Corporations  
Public Access System

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.

(((H04000131086 3)))

**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)205-0381

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**PROFESSIONAL PERFORMANCE CAR REPAIR, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access 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:

PROFESSIONAL PERFORMANCE CAR REPAIR, CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

10714 SW 190 ST MIAMI, FLORIDA 33157

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

BODY SHOP & CAR REPAIR.

**ARTICLE IV SHARES**

The number of shares of stock is:

50 SHARES

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

SONIA L. ORTIZ (PRESIDENT, TREASURY)

21720 SW 104 CT MIAMI, FLORIDA 33190

CARLOS GONZALEA (SECRETARY, VICE-PRESIDENT)

10714 SW 190 ST

MIAMI FLORIDA 33157

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

SONIA L. ORTIZ.

21720 SW 104 CT MIAMI, FLORIDA 33190

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SONIA L. ORTIZ.

21720 SW 104 CT MIAMI, FL 33190

\*\*\*\*\*

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.

X *Sonia L. Ortiz*  
Signature/Registered Agent

06-20-04  
Date

X *Sonia L. Ortiz*  
Signature/Incorporator

06-20-04  
Date