

P05000031608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

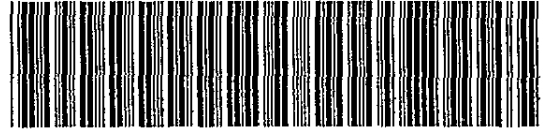
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF REGISTRATION  
05 MAR -2 AM 7:39

m/05-1127

OB 2/3

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** BROTHER'S AUTO REPAIR, INC

(PROPOSED CORPORATE NAME -- MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

**FROM:** MARIE LEROY CONSTANT

Name (Printed or typed)

9625 SW 163 PL

Address

MIAMI, FLORIDA 33196

City, State & Zip

305-386-2638

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 10, 2005

MARIE LEROY CONSTANT  
9625 SW 163RD PL  
MIAMI, FL 33196

SUBJECT: BROTHER'S AUTO REPAIR, INC.  
Ref. Number: W05000001127

RECEIVED  
05 MAR -2 PM 12:00  
FLORIDA DEPARTMENT OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

We have received your document for BROTHER'S AUTO REPAIR, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown  
Document Specialist  
New Filings Section

Letter Number: 905A00001446

**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:

~~Brother's Auto Clinic, Inc~~ **BROTHER'S Auto Clinic, INC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

9625 SW 163 PL  
MIAMI, FL 33196

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

AUTO REPAIR

**ARTICLE IV SHARES**

The number of shares of stock is:

100%

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

MARIE LEROY CONSTANT 9625 SW 163 PL MIAMI, FL 33196 PRESIDENT & TREASURER  
NICOLAS CHRISTIAN 714-84 STR APT 3 MIAMI BCH, FL 33141 VICE-PRESIDENT & GENERAL SECRETARY

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MARIE LEROY CONSTANT  
9625 SW 163 PL  
MIAMI, FL 33196

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARIE LEROY CONSTANT  
9625 SW 163 PL  
MIAMI, FL 33196

\*\*\*\*\*  
*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*

*Marie L. Constant*  
\_\_\_\_\_  
Signature/Registered Agent  
*Marie L. Constant*  
\_\_\_\_\_  
Signature/Incorporator

1/5/05  
Date  
1/5/05  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
05 MAR -2 AM 7:39