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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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OCT 26 2015

T. SCOTT



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10/16/15--01014--013 **78.75

15 OCT 16 AM 8:43

COVER LETTER

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

FLEITES AUTO REPAIR INC.

SUBJECT: _____
(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: _____
Yusnier Fleites
Name (Printed or typed)

3171 S.W 26 Street
Address

Miami, FL 33133
City, State & Zip

(786) 294-7724
Daytime Telephone number

Yusnier87@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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: Fleites Auto Repair Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9695 N.W 79 Ave #5

3171 S.W 26 St.

Hialeah Gardens, Fl 33016

Miami, Fl 33033 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yusnier Fleites - President

Name and Title: _____

Address 3171 SW 26 St

Address: _____

Miami, Fl 33033 33133

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 OCT 16 AM 8:48

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: Yusnier Fleites
Address: 3171 SW 26 St
Miami, Fl 33133 38133

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Yusnier Fleites
Address: 3171 SW 26 St.
Miami, Fl 33133 38133

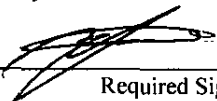
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

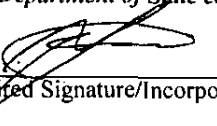
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 YUSNIER FLEITES 10-12-15
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.

 YUSNIER FLEITES 10-12-15
Required Signature/Incorporator Date