

(Re	questor's Name)	<del> </del>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

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

SUBJECT:	UTOMOTIVE AND PERFORMAN	NCE, INC.	
Sobster	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	YMOND LEE CADIZ  Name  1 NEWMAN CIR E	e (Printed or typed)	
		Address	
LA	KELAND, FL 33811-2564		
<u></u>	City,	State & Zip	
863	-581-3219		
	Daytime T	elephone number	· · ·
CO	NNIE@CCHRP.COM		
	F-mail address: (to be use	d for future annual report r	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)

I <i>ICLE II PRIN</i> 1 NEWMAN CIR	CIPAL OFFICE Principal street address E		Mailing address, if different is:
KELAND, FL 338			
	OSE the corporation is organized is:  INESS PRACTICES	IVE REPAIR AN	ID MAINTENANCE AND
			3. 89
FICLE IV SHAR number of shares of			
Name and Titl	AL OFFICERS AND/OR DIRECTORS  RAYMOND LEE CADIZ, PRESIDENT	Name and Title	MISTY D CADIZ, VICE PRESIDE
		_ Name and Thie	
Address	6731 NEWMAN CIR E LAKELAND, FL 33811-2564	Address:	6731 NEWMAN CIR E LAKELAND, FL 33811-2564
Name and Title	6731 NEWMAN CIR E  LAKELAND, FL 33811-2564	_ Address:	6731 NEWMAN CIR E LAKELAND, FL 33811-2564
	6731 NEWMAN CIR E  LAKELAND, FL 33811-2564	_ Address:	6731 NEWMAN CIR E  LAKELAND, FL 33811-2564
Name and Title	6731 NEWMAN CIR E  LAKELAND, FL 33811-2564	_ Address:	6731 NEWMAN CIR E  LAKELAND, FL 33811-2564

Name a	and Title: Name and Title:	_
Addres	Address:	
ARTICLE VI The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	CONNIE L AUSTIN	
Address:	303 N WARNELL ST	
	PLANT CITY, FL 33563	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	CONNIEL AUSTIN - RAYMOND Cadiz	c 11
Address:	-303 N WARNELL ST 6731 Newman Ciecle	E Pl
	-303 N WARNELL ST 6731 Newman Circle -303 N WARNELL ST 6731 Newman Circle -PLANT CITY, FL 33563 Lakeland, & 1 338	311
Effective date, i	EFFECTIVE DATE: f other than the date of filing:  JANUARY 1, 2016 . (OPTION date is listed, the date must be specific and cannot be more than five bus filing.)	
	te inserted in this block does not meet the applicable statutory filing requirem effective date on the Department of State's records.	nents, this date will not be listed as
this certificate, i	med as registered agent to accept service of process for the above stated co I am familiar with and accept the appointment as registered agent and agree	
	Come Ilice	DECEMBER 4, 2015
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are true. I am aware that the Department of State constitutes a third degree felony as provided for in s.81	7.155, F.S. 22, 76/5
	Then I then ( Bay)	DECEMBER 4, 2015
Requ	uired Signature/Incorporator	Date