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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

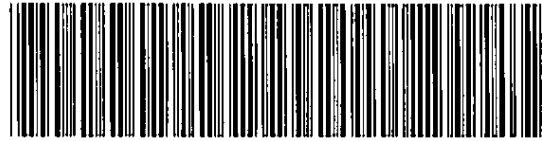
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J

COVER LETTER

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

SUBJECT: ALL IN ONE AUTO SOLUTIONS 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: TAXPROS FINANCIAL LLC
Name (Printed or typed)

12000 N DALE MABRY HWY STE 270
Address

TAMPA, FL 33618
City, State & Zip

800-385-1599
Daytime Telephone number

HELLO@TAXPROSFINANCIAL.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: ALL IN ONE AUTO SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

6402 N NEBRASKA AVE
TAMPA, FL 33604

Mailing address, if different is:

6402 N NEBRASKA AVE
TAMPA, FL 33604

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: COMMON SHARES 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JESUS EMANUEL GALIANO SOTOMAYOR, PRESIDENT Name and Title: A&G AUTO SERVICES INC, VICE PRESIDENT

Address: 4708 W BAY VIEW AVE Address: 5115 N. 47TH ST SUITE A
TAMPA, FL 33611 TAMPA, FL 33610

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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PM 2:07
STATE
FLORIDA

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: TAXPROS FINANCIAL LLC _____

Address: 12000 N DALE MABRY HWY STE 270 _____

TAMPA, FL 33604 _____

ARTICLE VII INCORPORATOR

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

Name: JESUS EMANUEL GALIANO SOTOMAYOR _____

Address: 4708 W BAY VIEW AVE _____

TAMPA, FL 33611 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/22/2023 (OPTIONAL)

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



Required Signature/Registered Agent

05/22/2023

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.



Required Signature/Incorporator

05/22/2023

Date

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STATE
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