

TRANSMITTAL LETTER

P01000012023

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

SUBJECT: MIKE ESTRADA Auto Body Repair, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003617813--6
-01/31/01--01046--004
*****78.75 *****78.75

Enclosed is 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: BENJAMIN V. VELMONT, CPA
Name (Printed or typed)

283 N. Northlake Blvd. Suite 111
Address

Altamonte Springs, FL 32701
City, State & Zip

(407) 831-2557 n (407) 331-5
Daytime Telephone number

FILED
01 JAN 31 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch FEB 1 2001

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:

MIKE ESTRADA AUTO BODY REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4114 Parklake ST
ORLANDO, FL 32803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful business
activity including auto body repairs

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): Elected annually as stated in the by laws.

ESMERALDO T. ESTRADA - President & Director
119 Kellington Way
Orlando, FL 32835

ARTICLE VI REGISTERED AGENT

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

Benjamin Velmonte, CPA
283 N. Northlake Blvd, Suite 111
Altamonte Springs, FL 32701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Esmeraldo T. Estrada
119 Kellington Way
Orlando, FL 32835

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

Benjamin Velmonte
Signature/Registered Agent

1/23/01
Date

E/Estrada
Signature/Incorporator

1/23/01
Date

FILED
01 JAN 31 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA