

PO2000115247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

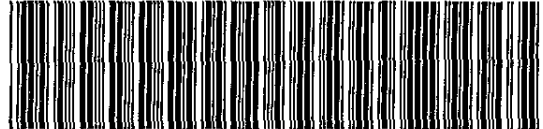
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

me 10/28

TRANSMITTAL LETTER

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

Fix Auto, Inc.

SUBJECT: _____

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: _____
Name (Printed or typed)

_____ 1109 Blackwood Way
Address

_____ Clermont, Florida 34711
City, State & Zip

_____ 352 536-9158
Daytime Telephone number

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:

Fix Auto, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1109 Blackwood Way
Clermont, Florida 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Service Corporation

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Afranio E. Hernandez

P/S/T

ARTICLE VI REGISTERED AGENT

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

Afranio E. Hernandez
1109 Blackwood Way
Clermont, Florida 34711

ARTICLE VII INCORPORATOR

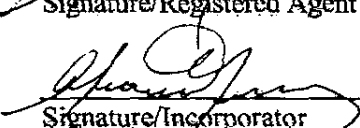
The name and address of the Incorporator is:

Afranio E. Hernandez
1109 Blackwood Way
Clermont, Florida 34711

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


Signature/Registered Agent

10/20/02
Date


Signature/Incorporator

10/20/02
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA