

P02800116455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

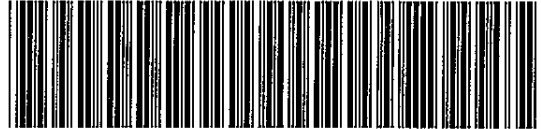
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT 28 AM 10:44

10-30-02

## TRANSMITTAL LETTER

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

**SUBJECT:** COLTIRES AUTO SERVICES CORP.  
(PROPOSED CORPORATE NAME- MUST INCLUDE SUFFIX)

Enclosed are the 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:** Miguel M Mendoza  
Name (Printed or typed)

1139 Timberbend Circle  
Address

Orlando, Florida, 32824  
City, State & Zip

407-240-6619  
Daytime Telephone number

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

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02 OCT 28 AM 10:44

## 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:

COLTIRES AUTO SERVICES CORP.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9793 S OBT UNIT # 2  
ORLANDO, FL, 32837

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in all aspects of tires selling and auto repair only through its legally authorized officers, agents and employees.

### ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES OF COMMON STOCK AT \$1.00 PAR

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address (es) and title(s):

JUAN A ESGUERRA (PSD)  
CESAR T. PENA (VCP)

### ARTICLE VI REGISTERED AGENT

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

JUAN A. ESGUERRA  
9793 S OBT UNIT # 2, ORLANDO, FL. 32837

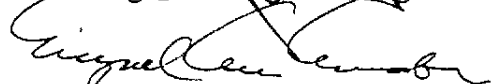
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MIGUEL M MENDOZA  
1139 TIMBERBEND CIRCLE, ORLANDO, FL. 32824

\*\*\*\*\*  
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



\_\_\_\_\_  
Signature/Incorporator

10/25/02.

\_\_\_\_\_  
Date

10/25/02.

\_\_\_\_\_  
Date