

P02000118842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

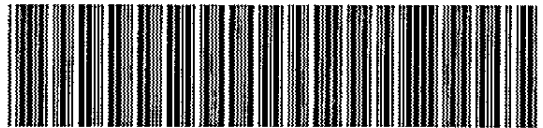
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: 441 TRUCK REPAIR, 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: MIRYAM LENIS

Name (Printed or typed)

14335 ISLAMORADA DR.

Address

ORLANDO, FL 32837

City, State & Zip

(407) 832-3711

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:

441 TRUCK REPAIR, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

9565 S. ORANGE BLOSSOM TR. ORLANDO , FL 32837  
PO BOX 771142- ORLANDO, FL 32877

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TRUCK REPAIR SHOP

**ARTICLE IV SHARES**

The number of shares of stock is:

ONE HUNDRED

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

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

**ARTICLE VI REGISTERED AGENT**

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

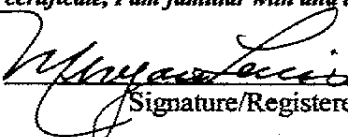
MIRYAM LENIS  
14335 ISLAMORADA DR.  
ORLANDO, FL 32837

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MIRYAM LENIS  
14335 ISLAMORADA DR.  
ORLANDO, FL 32837

\*\*\*\*\*  
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

10-15-02  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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TALLAHASSEE FLORIDA

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