

PA3000039741

(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

TRANSMITTAL LETTER

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

SUBJECT: EXTREME COLLISION CENTER INCORPORATED
(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: CARLOS ALBANI
Name (Printed or typed)

9542 SIDNEY HAYES ROAD SUITE C
Address

ORLANDO, FLORIDA 32824
City, State & Zip

407-348-2564
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:

EXTREME COLLISION CENTER *Incorporated*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9542 SIDNEY HAYES ROAD SUITE C ORLANDO, FLORIDA 32824

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION MAY ENGAGE OR TRANACT IN ANY OR ALL LAWFUL
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAW OF THE UNITED STATES
AND THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

1,000 STOCKS @ \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE.

ARTICLE VI REGISTERED AGENT

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

LEVITT PEREZ AT 12329 ACCIPITER DRIVE ORLANDO FLORIDA 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLOS ALBANI AT 132 TUXPAN LANE KISSIMMEE FLORIDA 34743
JUAN A. KORDYS AT 132 TUXPAN LANE KISSIMMEE FLORIDA 34743

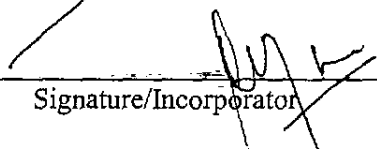
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

03/29/03

Date



Signature/Incorporator

03/29/03

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA