

P03000048925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

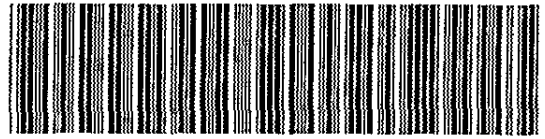
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04/28/03--01087--001 \*\*37.50



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TRANSMITTAL LETTER

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

SUBJECT: CASAVE Auto Repairs, 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: IAN HOLDER  
Name (Printed or typed)

345 NW 170 St  
Address

NORTH MIAMI BEACH - FL 33169  
City, State & Zip

305-345-4257  
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: **CASAVE AUTO REPAIRS, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: **345 NW 170 St  
NORTH Miami Beach 33169 FAX  
telephone N<sup>o</sup>. 305 493 7500/7550.**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Auto MECHANIC SERVICE**

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**ARTICLE IV SHARES**

The number of shares of stock is:  
**750 SHARES - \$10.00 PAR VALUE**

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

The name(s), address(es) and title(s):  
**IAN HOLDER - President - 11313 NW 65 STREET  
11313 SW 167 Ave - Vice President. MIAMI - FL 33178  
SOUTHWEST RANCHES - FL  
33331**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
**IAN HOLDER.  
345 NW 170 St.  
NORTH MIAMI BEACH - FL - 33169.**


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
**IAN HOLDER. (305-493-7500)  
345 NW 170 St  
MIAMI - FL 33169.**

\*\*\*\*\*  
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

4/17/03  
Date

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

4/17/03  
Date