

P030000 58733

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3 MAY 29 PM 12:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

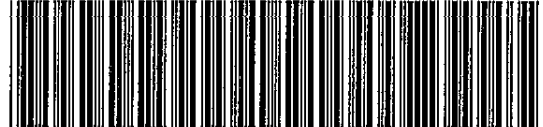
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



D. WHITE MAY 29 2003

Office Use Only



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05/29/03--01037--014 **393.75

STATE
DEPARTMENT OF
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

03 MAY 29 AM 10:34

RECEIVED

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE 101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AMERICAN REPAIRS UNLIMITED, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

AMERICAN REPAIRS UNLIMITED, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11500A QUAIL ROOST DR
MIAMI, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DOING BUSINESS IN FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

300 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS

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

JOSE C COSME - 19636 SW 123 CT., MIAMI, FL 33177 - P/T

ARTICLE VI REGISTERED AGENT

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

HARRIET TURINO - 19636 SW 123 CT., MIAMI, FL 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

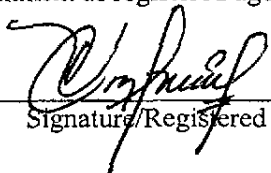
JOSE C COSME - 19636 SW 123 CT., MIAMI, FL 33177

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

(X)  _____
Signature/Registered Agent Date

(X)  _____
Signature/Incorporator Date