# P03000106648

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SECRETARY OF STATE TALLANASSEE, FLORIDA

F. CHARGE

# TRANSMITTAL LETTER

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

SUBJECT: Borin	nquen Auto Repair & Detaili			
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	<b>.</b> .
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	a check for:	
☑ \$70.00 Filing Fee	\$78.75  Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM: L	uis Cedrez			
	Name	(Printed or typed)	<del></del>	, - **
	10700 Hobbit Cir.	Address	·	-
	Orlando, Fl 32836	, State & Zip	<u> </u>	e e j
	407-239-2725	Telephone number		
	Daytinic	r orofitotio numboot		

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:

Borinquen Auto Repair and Detailing, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1322 35th Street

Suite 101

Orlando, FI 32836

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Auto repair and detailing

#### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Luis Cedrez, Pres, Sec, Treasurer

10700 Hobbit Cir

Orlando, FI 32836

## ARTICLE VI REGISTERED AGENT

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

Luis Cedrez 10700 Hobbit Cir.

Orlando, FI 32836

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Santos Soto, CPA 3245 Hunters Chase Loop Kissimmee, FL 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

Cedrez

Date

.

Signature/Incorporator

Date

SECRETARY OF STATE