

PO40000 22579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

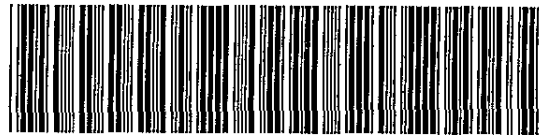
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 23 AM 9:45

TS 2/10/04

TRANSMITTAL LETTER

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

SUBJECT: Mr. Auto T + R reimbursement Program, 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: David Castillo
Name (Printed or typed)

515 No. Semoran Blvd
Address

Orlando FL 32807
City, State & Zip

407-281-4141
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:

Mr. Auto T+R reimbursement Program, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

~~515 No. Semoran Blvd Orlando FL 32807~~
2546 Fabry Circle Orlando FL 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Reimbursement of Towing and Rental

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President- Veronica Soto
2546 Fabry Circle
Orlando FL 32707

Vice President: David Castillo
515 No Semoran Blvd
Orlando FL 32807

ARTICLE VI REGISTERED AGENT

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

David Castillo - Alliance Insurance
515 No. Semoran Blvd Orlando FL 32807

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Castillo
515 No. Semoran Blvd.
Orlando FL 32807

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

David Castillo
Signature/Registered Agent

1/20/04
Date

David Castillo
Signature/Incorporator

1/20/04
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 23 AM 9:45