P04000022579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

500027328375

01/23/04--01032--011 **87.50

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

1/23/04

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/mailing address is:

~~515 No. Semoran Blvd Orlando Fl 32807~~

2546 Fabry Circle Orlando Fl 32707

FILED
04 JAN 29 AM 9:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Reimbursement of Towing and Rental bill.

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