

PO4000026216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

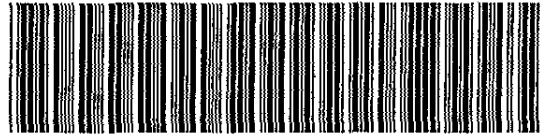
(Document Number)

Certified Copies _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -6 PM 2:20

604-2990

TRANSMITTAL LETTER

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

SUBJECT: Maximo Auto Repair, 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: Maximo Rodriguez

Name (Printed or typed)

2596 Michigan Avenue, Ste. C

Address

Kissimmee, FL 34744

City, State & Zip

407-518-9908

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 23, 2004

MAXIMO RODRIGUEZ
2596 MICHIGAN AVE STE C
KISSIMMEE, FL 34744

SUBJECT: MAXIMO AUTO REPAIR, INC.
Ref. Number: W04000002990

We have received your document for MAXIMO AUTO REPAIR, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist
New Filings Section

Letter Number: 104A00004245

RECEIVED
04 FEB - 6 PM 4:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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:

Maximo Auto Repair, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2596 Michigan Avenue, Ste. C
Kissimmee, FL 34744
407-518-9908

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For operating a protected business.

ARTICLE IV SHARES

The number of shares of stock is:

1 Share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Maximo Rodriguez
914 Bonneville Lane
Kissimmee, FL 34759

ARTICLE VI REGISTERED AGENT

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

Evelyn Tavaréz
3218 Hunters Chase Loop
Kissimmee, FL 34743

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maximo Rodriguez
914 Bonneville Lane
Kissimmee, FL 34759

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

02/04/04

Date



Signature/Incorporator

02/04/04

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -6 PM 2:20