

PO410000065837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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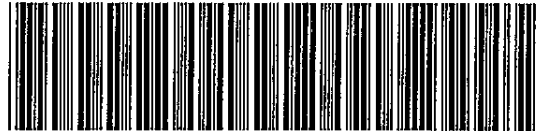
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

js 4/21/04

TRANSMITTAL LETTER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: Doctor Detail Auto Care 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Francisco Cavalcante
Name (Printed or typed)

1300 SW 13 Dr.
Address

Boca Raton, Florida 33486
City, State & Zip

(781) 389 4586
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:

Doctor Detail Auto Care Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1300 SW 13 Drive Suite 114
Boca Raton, Florida 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Auto Restauration

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):

Francisco Cavalcante CEO 1300 SW 13 Drive
Suite 114 Boca Raton Florida 33486

ARTICLE VI REGISTERED AGENT

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

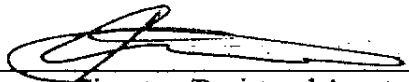
1300 SW 13 Drive Suite 114 Boca Raton ,
Florida 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Francisco Cavalcante
1300 SW 13 DRIVE BOCA RATON FLORIDA 33486

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

04/10/2004

Date



Signature/Incorporator

04/10/2004

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA