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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mm 1/27

## TRANSMITTAL LETTER

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

SUBJECT: Boges Auto Repair Shop, 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: Boges Exams  
Name (Printed or typed)

4255 Westroad Dr Unit E  
Address

Riviera Beach, FL 33404  
City, State & Zip

561-845-6226  
Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Articles of Incorporation**

In compliance with Chapter 607 and / or Chapter 621 FS (Profit)

**Article I- Name**

The name of the corporation shall be: Roges Auto Repair Shop, Inc.

**Article II - Principal Office**

The principal place of business/mailing address is:  
4255 Westroads Drive Unit E  
Riviera Beach, FL 33404

**Article III- Purpose**

The purpose for which the corporation is organized is:  
To provide auto vehicle repair services for clients in need

**Article IV- Shares**

The number of shares of stock is:  
One

**Article V- Initial Offices and / or Directors**

Roges Exaus , 1022 Indian Trace Circle #306 , Riviera Beach , FL 33407  
President/CEO

**Article VI- Registered Agent**

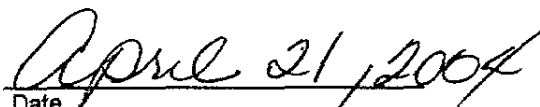
Hilda Exaus, 1022 Indian Trace Circle # 306, Riviera Beach, FL 33407

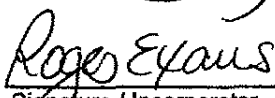
**Article VII - Incorporator**


Roges Exaus , 4255 Westroad Dr Unit E , Riviera Beach , FL 33404

.....  
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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature / Incorporator

  
\_\_\_\_\_  
Date