

P04000092454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

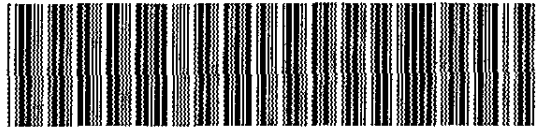
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700037497477

06/14/04--01031--016 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 15 AM 10:41

TRANSMITTAL LETTER

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

SUBJECT: RIGHT PRICE BODY SHOP, INC.

(Proposed corporate name -- must include suffix)

Enclosed is 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:

RAMON REYES

Name (Printed or typed)

5035 PALM AVE.

Address

HALEAH, FL. 33012

City, State & Zip

(305) 822-0669

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 15 AM 10:41

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

RIGHT PRICE BODY SHOP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4100 NW 135 ST BAY 2-A OPA-LOCKA, FL 33054

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 COMMON SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CHRISTOBAL JARQUIN 4100 NW 135 ST BAY 2-A OPA-LOCKA, FL 33054

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

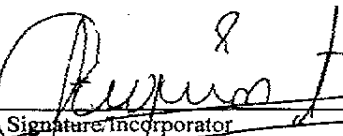
**PRESIDENT: CHRISTOBAL JARQUIN 4100 NW 135 ST BAY 2-A
OPA-LOCKA, FL 33054**

**VICE-PRESIDENT: ALBERTO MARTINEZ 4100 NW 135 ST BAY 2-A
OPA-LOCKA, FL 33054**

**SECRETARY: JAVIER A. CASTELLANOS 4100 NW 135 ST BAY 2-A
OPA-LOCKA, FL 33054**

**TREASURER: VICENTE VILLEGAS 4100 NW 135 ST BAY 2-A
OPA-LOCKA, FL 33054**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 15 AM 10:41

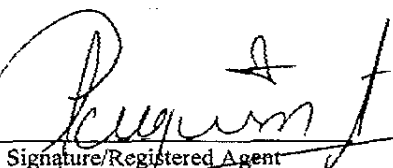

Signature/Incorporator

6/07/2004

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

6/07/2004

Date