

P04000111639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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4-1-29

## TRANSMITTAL LETTER

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

**SUBJECT:** ALBERT'S COLLISION REPAIR CENTER, 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:** MARIO SANTOS

Name (Printed or typed)

6531 SW 152 PL

Address

MIAMI FL, 33193

City, State & Zip

305-388-2856

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:

ALBERT'S COLLISION REPAIR CENTER, INC

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
5794 COMMERCE LANE MIAMI FL, 33143

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS TO ENGAGE IN ANY ACTIVITIES OR BUSSINES PERMITTED UNDER THE LAW OF THE UNITED STATES AND THE STATE OF FLORIDA

### **ARTICLE IV SHARES**

The number of shares of stock is:

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION SHALL BEGIN BUSSINES IS NOT LESS THAN \$500.00

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

ALBERTO MOREJON ( PRESIDENT ) 4901 SW 104 AVE MIAMI FL, 33165, AND MIRTA E. MOREJON ( SECRETARY )  
4901 SW 104 AVE MIAMI FL, 33165

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ALBERTO MOREJON 4901 SW 104 AVE MIAMI FL, 33165

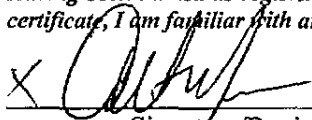
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ALBERTO MOREJON 4901 SW 104 AVE MIAMI FL, 33165

\*\*\*\*\*

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

X   
\_\_\_\_\_  
Signature/Registered Agent

07/26/04

\_\_\_\_\_  
Date

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

07/26/04

\_\_\_\_\_  
Date

FILED  
04 JUL 29 PM 3:27  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA