

P04000122040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

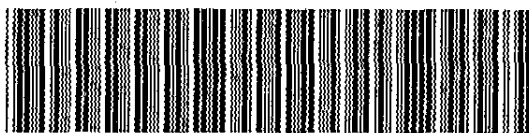
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/24/04 --01029--017 **18.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 24 PM 12:31

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 AUG 24 AM 11:07

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08-24-04
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EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Doctor Transmission Auto Repair Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**CERTIFICATE OF INCORPORATION
OF
DOCTOR TRANSMISSION AUTO REPAIR INC.**

We, the undersigned, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of the Several Acts of Legislature of the State of Florida, do hereby subscribe to this certificate of incorporation.

FIRST: The name of the corporation is :

DOCTOR TRANSMISSION AUTO REPAIR INC.

and its principal place of business will be at:

4627 SW 2 TERRACE, MIAMI, FL 33134

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CLERK OF STATE
TALLAHASSEE, FLORIDA

SECOND: The business of this corporation shall be to engage in any and all lawful business or businesses.

THIRD: The corporation shall have one class of stock, namely common, voting and participating. Each share of stock shall be \$1.00 par value and the maximum number of shares to be issued and outstanding at any one time is 1000.

All of such stock shall be issued as fully paid for and exempted from assessment. Such stock may be paid for in property, labor or services and property and labor or services may be purchased or paid for by the corporation with such stock. Likewise stock of other corporations or going businesses may be purchased by corporation in return for this corporation's stock. Such property, labor, services and stock of other corporations and going business shall be at just valuation determined by the Board of Directors. This corporation may purchase, trade, or otherwise acquire, hold or re-issue shares of its own stock.

FOURTH: The amount of capital with which the corporation shall begin business will not be less than FIVE HUNDRED (\$500.) DOLLARS.

FIFTH: The existence of the corporation shall be perpetual.

SIXTH: The board of directors shall consist of no fewer than one or more than seven directors.

SEVENTH: The common stock of this corporation shall be issued pursuant to the requirements of section 1244 of the Internal Revenue code and the regulations issued thereunder.

EIGHTH: The names and post office address of the first officers and directors who, subject to the provisions of this certificate of incorporation, the By-laws and the laws of the state of Florida thereunto appertaining, shall hold office for the first year of the corporation's existence or until their successors are elected and shall have qualified, are as follows:

Office	Name	Post office address
President	JOSE A. ARRONTE	4627 SW 2 TERRACE, MIAMI, FL 33134
V President	ELIDA NAVARRO	4627 SW 2 TERRACE, MIAMI, FL 33134
Secretary	JOSE A. ARRONTE	4627 SW 2 TERRACE, MIAMI, FL 33134

NINTH: The name and post office address of each subscriber to the Certificate of Incorporation and the number of shares of stock which each agrees to take are as follows:

Name	Post office address	Stock#
JOSE A. ARRONTE	4627 SW 2 TERRACE, MIAMI, FL 33134	100

For the stock the above-named party will pay the sum of Five and no/100 (5.00) Dollars-----for each share of stock, or a total of FIVE HUNDRED and no/100 (500.00) DOLLARS.

TENTH: The stockholders of this corporation may divide themselves into groups for the purposes of obtaining unit control in the corporation, and when any agreement shall be binding upon the corporation, it shall be recognized by the directors and shall be observed by the officers and agents of the corporation; and particularly the stockholders are authorized to include in such agreements entered into between themselves provisions which will confer upon the individual groups the power to elect certain numbers of directors and, in particular, the stockholders may include in agreements between themselves the following as valid matters of agreement, to wit:

- (a) The manner and method in which the persons by whom directors may be elected.
- (b) Any limitations upon the transferability or assignment of the stock.
- (c) The conferring of preemptive rights of purchase upon stockholders as conditions precedent to the sale of any other stock.
- (d) The making of By-Laws and rules for holding meetings and what constitutes a quorum therefore.
- (e) Any matters related to effectuating the purposes included in any of the foregoing matters.

Agreements between stockholders shall continue binding upon the corporation until there is filed with the President and secretary of the corporation, in duplicate, a written instrument signed by the persons who originally created such stockholder agreement (or their successors in ownership, providing such succession in ownership shall have been accomplished in accordance with the terms of the stockholders agreement) consenting to the revocation and cancellation of the agreement among the stockholders.

ELEVENTH: Cumulative voting may be permitted by the terms of the by-laws.

TWELFTH: JOSE A. ARRONTE, Registered office
at 4627 SW 2 TERRACE, MIAMI, FL 33134

agent for service of process upon this corporation, subject nevertheless to the right of this corporation to change such resident agent and the office location of place of business for service of process in the manner provided in Section 48.091(1) of Florida Statutes.

IN WITNESS WHEREOF, the parties hereto have hereunto set their
hand and seals this 23 day of August, 2004 .

Signed, sealed and delivered
in the presence of (As to all)

Ramona Caudel Jose A Arronte (Seal)
JOSE A. ARRONTE

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Jose A Arronte (Seal)
JOSE A. ARRONTE

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

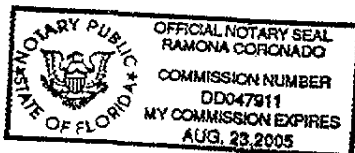
BE IT REMEMBERED that on this day personally appeared before me the undersigned notary public in and for the State of Florida.

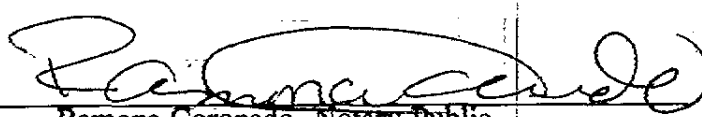
JOSE A. ARRONTE

parties to the foregoing certificate of incorporation, known to me personally to be such, upon their oath, they acknowledged the same to be the act and deed of such signers and that the facts therein stated are truly set forth.

WITNESS my hand and official seal at Miami, said
county and State, this 23 day of August, 2004.

(SEAL)




Ramona Coronado, Notary Public
State of Florida

Personally known _____ or Produced Identification X
Type of Identification Produced: FLDL A653-421-63-244-0