

P04000127001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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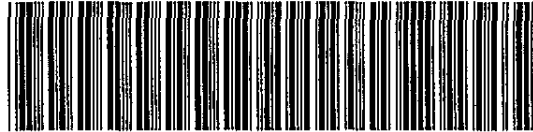
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: DIAGNOSTIC PERFORMANCE OF MIAMI 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

☒ \$78.75

☐ \$122.50

☐ \$131.25

FROM: WILLIE L JACKSON

Name (printed or typed)

18800 NW 2 AVENUE SUITE 221

Address

MIAMI, FLORIDA 33142

City, State & Zip

305-655-3555

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:

DIAGNOSTIC PERFORMANCE OF MIAMI INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4760 NW 17 AVENUE  
MIAMI, FL 33142

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AUTOMOBILE REPAIR SERVICE AND PARTS BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND SHARES OF COMMON STOCK AT ONE DOLLAR PER SHARE

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

EDWARD NEALS - PRESIDENT  
4760 NW 17 AVENUE  
MIAMI, FL 33142

## ARTICLE VI REGISTERED AGENT

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

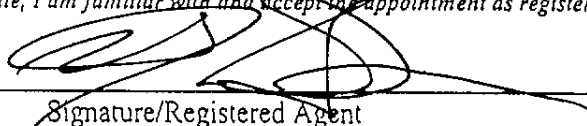
WILLIE L JACKSON  
18800 NW 2 AVENUE SUITE 221  
MIAMI, FL 33169

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDWARD NEALS  
4760 NW 17 AVENUE  
MIAMI, FL 33142

\*\*\*\*\*  
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

8/25/04  
\_\_\_\_\_  
Date

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

8/25/04  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA