

P05000010828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

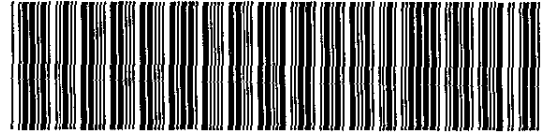
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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01/20/05--01002--019 **236.25

FILED

05 JAN 20 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 JAN 20 AM 11:05

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CL-1-2

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

OFFICE USE ONLY

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

1. Auto Seat Covers Plus, 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

ARTICLES OF INCORPORATION
OF
AUTO SEAT COVERS PLUS, INC.

FILED
05 JAN 20 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be **AUTO SEAT COVERS PLUS, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be **5605 NW 74 AVENUE, MIAMI, FLORIDA 33166.**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is **ONE HUNDRED (100)** shares of common stock, each share having the par value of **ONE DOLLAR(\$1.00).**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is **MICHAEL DAVID DIAZ, 5605 NW 74 AVENUE, Miami, Florida 33166.**

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is **MICHAEL DAVID DIAZ, 5605 NW 74 AVENUE Miami, Florida 33166.**

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the directors to the Articles of Incorporation is **MICHAEL DAVID DIAZ, 5605 NW 72 AVENUE, Miami, Florida 33166.**

ARTICLE VII OFFICERS

The officers of the Corporation shall be:

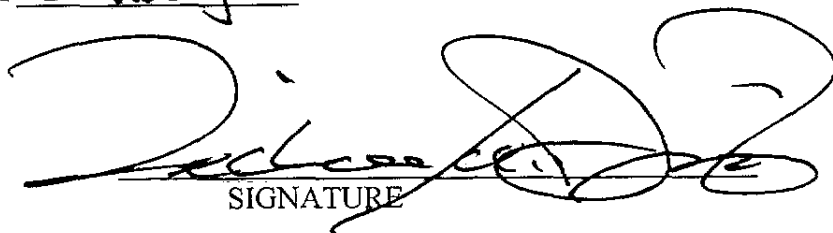
President: **MICHAEL DAVID DIAZ**
Vice President: **GABRIEL JOSE DIAZ**

ARTICLE VIII DISTRIBUTION OF SHARES

The shares of this Corporation shall be distributed as follows:

Michael David Diaz - 50 %
Gabriel Jose Diaz - 50%

The undersigned incorporator has executed these Articles of Incorporation this
18 day of January 2005.


SIGNATURE

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

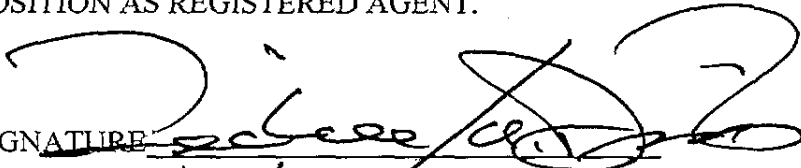
Pursuant to the provisions of sections 607.0501 or 627.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is **AUTO SEAT COVERS PLUS, INC.**
2. The name and address of the registered agent is : **MICHAEL DAVID DIAZ, 5605 NW 74 AVENUE, Miami, Florida 33166.**

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

DATE


1/18/05

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05 JAN 20 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA