P05000/22030

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
		i
		J

Office Use Only



000059121910

09/06/05--01022--010 **70.00

05 SEP -6 PM 1: 32

SECRETARY OF STATE TALLAHASSEE. #1. 5P15A

TRANSMITTAL LETTER

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

SUBJECT:	AA Mobile Auto Repair Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l 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 CO	PY REQUIRED	
FROM:	Alberto Calderon			
	Name (Printed or typed)			
	7557 W. Sandlake Rd. Suite 146 Address			
	F	ruutess		
	Orlando, florida 328			
	City,	State & Zip		
	407-521-0100			
•	Daytime T	elephone 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)

SECRETARY OF STATE TALLAHASSEE, FLORIDA 05 SEP -6 PM 1: 32

ARTICLE I NAME

4

The name of the corporation shall be:

AA Mobile Auto Repair Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7557 W. Sandlake Rd. suite 146 Orlando, florida 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: New Business

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Alberto Calderon 7557 W. Sandlake Rd. suite 146 Orlando. Florida 32819

ARTICLE VI REGISTERED AGENT

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

Alberto Calderon 7557 W. Sandlake Rd. suite 146 Orlando, Florida 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Agnature/Registered Agent

Alberto Calderon 7557 W. Sandlake Rd. suite 146 Orlando, Florida 32819

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 $8 - 2/_0 - 05$

Signature/Incorporator

\$ -26 -05 Date