# P05000147150

(Re	questor's Name)			
(Ad	dr <b>e</b> ss)			
		_		
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Doc	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to F	Filing Officer:			
		1		

Office Use Only



600060166246

 $(\mathbb{R}^2, \mathfrak{q}_{\mathcal{A}})_{\mathcal{F}} (\mathbb{R}^2, \mathbb{R}^2) \times \mathbb{R}^2 \times \mathbb{R}^2$ 

FILED

05 NOV -2 PM 12: LO

NATION FRANCE.

Lexindra Milly 0.3 Disp

VO5-48316



# **COVER LETTER**

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

SUBJECT: G.O.	TIRE SERVICES , C	CO. TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	I a check for:			
S70.00 Filing Fee	₹78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED			
FROM: Wilfredo Gil and Mayra Gil Name (Printed or typed)				05 NOV -2 PM 12: 40		
	Name	(Printed or typed)			-2	FILED
	2897 Beal st.			SEE.	.0	G
-	A	Address		F. 1	17:	
_	Deltona Fl. , 32738		····	22/3	5	
	City,	State & Zip				
4	407-402-0486					
-	Daytime To	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)

#### ARTICLE I NAME

The name of the corporation shall be:

Gil & Ortiz Tire Services,co.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2897 Beal st., Deltona, Fl. 32738

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Tire Services** 

#### ARTICLE IV SHARES

The number of shares of stock is:

2

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

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

Wilfredo Gil and Mayra Gil

Owners

2897 Beal st.

Deltona ,Fl.32738

### ARTICLE VI REGISTERED AGENT

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

Wilfredo Gil

2897 Beal st.

Deltona, Fl 32738

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Wilfredo Gil and Mayra Gil

2897 Beal st.

Deltona, Fl 32738

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

| 10/26/05 | Signature/Registered Agent | Date | Date | Signature/Incorporator | Date | Date

05 NOV - 2 PK 12: LO