

P06 000043260

(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

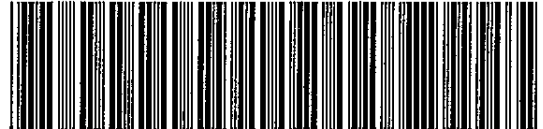
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2008 MAR 24 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAR 27 2008

## TRANSMITTAL LETTER

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

SUBJECT: MOTO DIRECT INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Gabriel S. Caldas  
Name (Printed or typed)

205 Sable Palm Way  
Address

Davie, FL 33325  
City, State & Zip

954-476-2138  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 11, 2005

GABRIEL S. CALDAS  
205 SABLE PALM WAY  
DAVIE, FL 33325

SUBJECT: MOTO DIRECT  
Ref. Number: W05000046804

We have received your document for MOTO DIRECT and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 805A00061967



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

GABRIEL S. CALDAS  
205 SABLE PALM WAY  
DAVIE, FL 33325

SUBJECT: MOTO DIRECT INC  
Ref. Number: W05000046804

We have received your document for MOTO DIRECT INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 805A00061967

FILED

2006 MAR 24 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

MOTO DIRECT. INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

205 Sable Palm Way  
Davie, FL. 33325

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

Gabriel S. Caldas  
205 Sable Palm Way  
Davie, FL. 33325

**ARTICLE VI REGISTERED AGENT**

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

Gabriel S. Caldas  
205 Sable Palm Way  
Davie, FL. 33325


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Gabriel CALDAS  
205 SABLE PALM WAY  
DAVIE FL 33325

\*\*\*\*\*

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

 7/21/05  
Date



Signature/Incorporator

Date