

P06000079449

(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:

~~W06-24936~~

Office Use Only

*[Handwritten signature]*  
6/7



600075445666

05/30/06--01030--011 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUN -9 PM 1:27

FILED

## COVER LETTER

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

SUBJECT: HI-TEK COLLISION CENTER

(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  
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 COPY REQUIRED**

FROM: Miguel Dejesus Lavin

Name (Printed or typed)

4404 Georgia Avenue

Address

West Palm Beach, Florida 33405

City, State & Zip

561-835-4913

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2006

MIGUEL DEJESIS LAVIN  
4404 GEORGIA AVENUE  
WEST PALM BEACH, FL 33405

SUBJECT: HI-TEK COLLISION CENTER  
Ref. Number: W06000024936

We have received your document for HI-TEK COLLISION CENTER. However, the document has not been filed and is being returned for the following:

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.

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) 245-6934.

Loria Poole  
Document Specialist  
New Filing Section

Letter Number: 606A00037774

RECEIVED  
06 JUN -9 AM 8:23  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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:

HI-TEK COLLISION CENTER, INC.,

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

4404 Georgia Avenue, West Palm Beach, Fl 33405

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Vehicle Repair and Paint

**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):

Miguel Dejesus Lavin 1418 Michigan Drive, Lake Worth, Fl 33461 PD

Luis O. Sanchez, 1091 Egremont Ct, West Palm Beach, Fl 33406 VP

**ARTICLE VI REGISTERED AGENT**

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

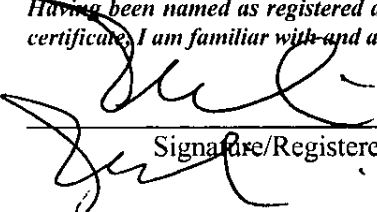
Miguel A. Lavin  
1418 Michigan Drive  
Lake Worth, Fl 33461

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

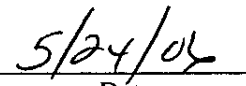
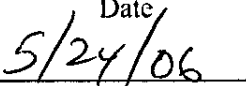
Miguel A. Lavin  
1418 Michigan Drive  
Lake Worth, Fl 33461

\*\*\*\*\*  
*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

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

FILED  
06 JUN -9 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date