

P06000082427

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

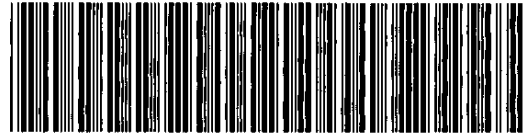
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2006 JUN 16 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUN 19 2006

COVER LETTER

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

SUBJECT: Falls Auto Collision Center South 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
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: Ricardo De Vlugt
Name (Printed or typed)

11531 SW 142 Place
Address

Miami FL 33186
City, State & Zip

~~305-720-6142~~ 305-720-6142
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
06 JUN 16 PM 2:34
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 9, 2006

RICARDO DE VLUGT
11531 SW 142 PLACE
MIAMI, FL 33186

SUBJECT: FALLS AUTO COLLISION CENTER SOUTH INC.
Ref. Number: W06000026386

We have received your document for FALLS AUTO COLLISION CENTER SOUTH 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):

Please put the name of the registered agent in article VI, and the address of the incorporator in article VII.

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: 706A00039688

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:

FALLS AUTO Collision Center South inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

11531 SW 142 Place Miami, FL
33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Auto Collision + Storage

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):

~~Ricardo~~ Ricardo DeVlugt Ricardo DeVlugt
President
[Signature]

ARTICLE VI REGISTERED AGENT

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

11531 SW 142 Place Miami FL 33186
(Ricardo DeVlugt)

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ricardo DeVlugt
(11531 S.W. 142 Pl. Miami FL 33186)

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

R DeVlugt

Signature/Registered Agent

R DeVlugt

Signature/Incorporator

June 1 06

Date

June 1 06

Date

FILED
2006 JUN 16 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA