

PO6 000116938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

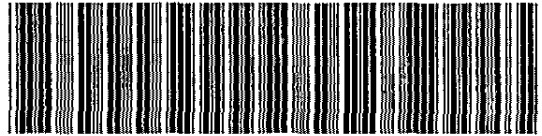
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2006 SEP 11 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

1 Burch SEP 11 2006

## COVER LETTER

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

SUBJECT: Auto Krash Service, 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: Raul Garcia

Name (Printed or typed)

P.O. Box 524575

Address

Miami, Florida. 33152

City, State & Zip

786-624-7356

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE 06 SEP 11 PM 1:21  
Division of Corporations

RECEIVED

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

August 25, 2006

RAUL GARCIA  
PO MBOX 524575  
MIAMI, FL 33152

SUBJECT: AUTO KRASH SERVICE, INC.  
Ref. Number: W06000037734

We have received your document for AUTO KRASH SERVICE, 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):

The document must state the number of shares of authorized stock.

We need the total number of shares not a percentage.

The principal address must be at a street address. A post office box is not acceptable.

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: 806A00052437

# 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:

Auto Krash Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

7400 SW 12th Street // POB 524575  
Miami, Florida. 33144 // Miami, Florida. 33152

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do Business according to the laws of the State of Florida  
and The United State of America

## 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):

Raul Garcia. (President)  
P.O. Box 524575  
Miami, Florida. 33152

## ARTICLE VI REGISTERED AGENT

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

Raul Garcia  
7400 SW 12th Street  
Miami, Florida. 33144

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Raul Garcia  
P.O. Box 524575  
Miami, Florida. 33152

\*\*\*\*\*

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

Raul Garcia  
Signature/Registered Agent

9-7-2006  
Date

Raul Garcia  
Signature/Incorporator

9-7-2006  
Date

FILED  
2006 SEP 11 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA