

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000267794 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: BERRIZ & GIRALDO P.A.

Account Number: I19990000017

Phone

(305) 485~9300

Fax Number

(305) 485~1098

## FLORIDA PROFIT/NON PROFIT CORPORATION

ULTINATE AUTO REPAIR, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

PAGE 02

HO8 000 267 7943.

ARTICLES OF CORPORATION

OF

## ULTINATE AUTO REPAIR, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

EFFECTIVE DATE 1/1/09

The name of this corporation shall be:

## ULTINATE AUTO REPAIR, INC.

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### **ARTICLE III**

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

  To have perpetual succession by its corporate

name:

ULTINATE AUTO REPAIR, INC.

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 Hop0002677943.

Ho8 000 2677943.

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

### **ARTICLE V**

The street address of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

ALFONSO AREVALO 18915 SW 114 AVE MIAMI, FL. 33157

The principal office shall be:

18915 SW 114 AVE MIAMI, FL. 33157

HOP 000 2677943.

H080002677943.

#### **ARTICLE VI**

The Initial Board of Directors shall consist of a total of TWO(02) person, and the name and address of the person who is to serve as an Initial director is:

ALFONSO AREVALO 18915 SW 114 AVE MIAMI: FL. 33157 PRESIDENT

CHIENG THACH 18915 SW 114 AVE MIAMI, FL, 33157 VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

ALFONSO AREVALO 18915 SW 114 AVE MIAMI, FL. 33157

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this DECEMBER 03 2008

**ALFONSO AREVALO** 

**ARTICLE VII** 

THIS CORPORATION WILL START OPERATING ON JANUARY 1<sup>ST</sup>, 2009.

H080002677943.

. 3

Hor 000 2677943

# CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

## ULTINATE AUTO REPAIR, INC.

2. The Name and Address of the registered agent and office is wireless

ALFONSO AREVALO 18915 SW 114 AVE MIAMI, FL. 33157

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Dated: DECEMBER 03, 2008

HO1 000 267 7943.