

PO9000050306

(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:

RECEIVED JUN - 3 2009

Office Use Only



100156718281

06/04/09--01003--011 \*\*78.75

FILED  
09 JUN - 4 AM 7:41

name was spelled correct  
and wants to leave as is  
(Dealear) 6/11/09  
Verna Noda

DNO

## COVER LETTER

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

**SUBJECT:** CPR DEALEAR AND AUTO REPAIR, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** TOMAS TALAVERA  
Name (Printed or typed)

4810 SAN PABLO PLACE

Address

TAMPA FL 33634

City, State & Zip

813-770-5634

Daytime Telephone number

CPRDEALEARANDAUTOREPAIR@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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

**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:

CPR DEALEAR AND AUTO REPAIR INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

5019 N. LOIS AVE  
TAMPA, FL 33614

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

AUTO REPAIR AND DEALEAR

**ARTICLE IV SHARES**

The number of shares of stock is:

1

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

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

RAFAEL MONTES DE OCA TITLE: P  
14503 KNOLL RIDGE DR  
TAMPA, FL 33625

TOMAS TALAVERA TITLE:VP  
4810 SAN PABLO PLACE  
TAMPA, FL 33634

**ARTICLE VI REGISTERED AGENT**

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

TOMAS TALAVERA  
4810 SAN PABLO PLACE  
TAMPA, FL 33634

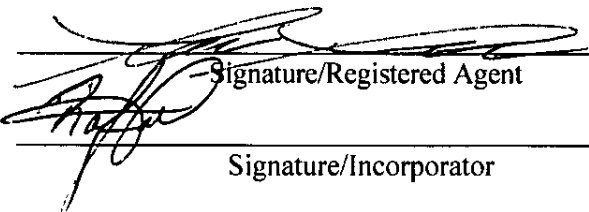
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

RAFAEL MONTES DE OCA  
14503 KNOLL RIDGE DR  
TAMPA, FL 33625

\*\*\*\*\*

*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

05/27/2009

\_\_\_\_\_  
Date

05/27/2009

\_\_\_\_\_  
Date

FILED  
JUN -4 AM 7:41  
09  
OFFICE OF STATE  
CLERK