

P09000058055

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COVER LETTER

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2009 JUL -7 PM 2: 10

SUBJECT: A-1 AUTO CARE & COLLISION 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: LEKHRAM RANDEO  
Name (Printed or typed)

4012 SW 54th TERRACE  
Address

OCOLA FL 34474  
City, State & Zip

352-598-2487  
Daytime Telephone number

Hondaflavors1460@aol.com  
E-mail address: (to be used for future annual report notification)

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



RECEIVED  
DEPARTMENT OF STATE

09 JUL -7 AM 9:23

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2009

LEKHRAM RAMDEO  
4012 SW 54TH TERRACE  
OCALA, FL 34474

SUBJECT: A-1 AUTO BODY&REPAIRS INC  
Ref. Number: W09000029839

We have received your document for A-1 AUTO BODY&REPAIRS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected 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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 109A00021988

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS

2009 JUL -7 PM 2:11

**ARTICLE I NAME**

The name of the corporation shall be: **A-1 AUTO CARE & COLLISION INC**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is: **1921 NE 20th STREET unit #103  
OCALA F.L 34470**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **AUTO CARE & COLLISION**

**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): **LEKHRAM RAMDEO (owner)  
4012 SW 54th TERRACE  
OCALA F.L 34474**

**ARTICLE VI REGISTERED AGENT**

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

**LEKHRAM RAMDEO 4012 SW 54th TERRACE OCALA F.L 34474**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**LEKHRAM RAMDEO 4012 SW 54th TERRACE  
OCALA F.L 34474**

\*\*\*\*\*

*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*

**L Ramdeo**

Signature/Registered Agent

**7-2-09**

Date

**L Ramdeo**

Signature/Incorporator

**7-2-09**

Date