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(Requestor's Name)
(Address)
(
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(City/State/Zip/Phone #)
PłCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

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

	(PROPOSED CORPO	RATE NAME – <u>MUST INCLU</u>	DE SUFFIX)
		to grant of the state of the contract of the c	
osed are an orig	inal and one (1) copy of the a	articles of incorporation and	a check for:
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\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
7.11	& Certificate of Status	& Certified Copy	Certified Cop & Certificate
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FROM: Dh	anelt Garcia		
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Dav	rie, FL. 33325	1 Cana 9 71 m	
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NOTE: Please provide the original and one copy of the articles.

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Carried Harris Carlon

* 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:

A Choice Auto Repair Corporation

ARTICLE II PRINCIPAL OFFICE

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

13840 Roanoke St. Davie FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Automotive Repair Shop

ARTICLE IV SHARES

The number of shares of stock is:

(000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President: Dhanelt garcia

ARTICLE VI REGISTERED AGENT

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

Meri garcia 13840 Roanoke St. Davie FL 33325

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Dhanelt garcia 13840 Roanolle St Davie FL 33325

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

12-14-09

Date

12-16-09

Date