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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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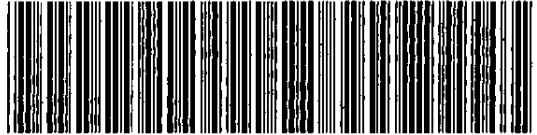
(Business Entity Name)

(Document Number)

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

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10 JAN 25 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1-27-10

del

## COVER LETTER

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

**SUBJECT:** Street Customz Auto Sales, 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:** Lina Fuentes

Name (Printed or typed)

240 Power Ct #148-B

Address

Sanford, FL 32771

City, State & Zip

407-688-0420

Daytime Telephone number

Streetcustomz2@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:

Street Customz Auto Sales, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

240 Power Ct #148B  
Sanford FL 32771

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sell Used Cars

## ARTICLE IV SHARES

The number of shares of stock is:

2

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lina Fuentes - President 240 Power Ct #148B  
Sanford FL 32771

## ARTICLE VI REGISTERED AGENT

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

Lina Fuentes - 1244 Foxforest Cir, Apopka FL 32712

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lina Fuentes - 240 Power Ct #148B Sanford FL 32771

\*\*\*\*\*  
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

FILED  
10 JAN 25 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Date

Date