

P10000024859

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** AUTO PLACE, 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:** AMELIA RUIZ

Name (Printed or typed)

4640 SW 156 PLACE

Address

MIAMI, FLORIDA 33185

City, State & Zip

(305)215-5500

Daytime Telephone number

autoplaceinc@gmail.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:

AUTO PLACE, INC

**ARTICLE II PRINCIPAL OFFICE**

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

4640 SW 156 PLACE

MIAMI, FLORIDA 33185

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SALES

**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):

AMELIA RUIZ

4640 SW 156 PL

MIAMI, FL 33185

**ARTICLE VI REGISTERED AGENT**

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

AMELIA RUIZ

4640 SW 156 PLACE

MIAMI, FLORIDA 33185

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

AMELIA RUIZ

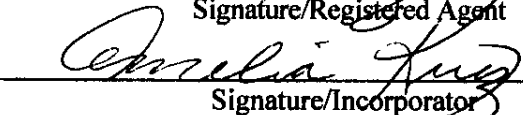
4640 SW 156 PLACE

MIAMI, FLORIDA 33185

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*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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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