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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Commod dopped					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

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

\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL C	Status OPY REQUIRED
FROM: RICARDO GOMEZ		
	Name (Printed or typed)	
FROM: RICARDO GOMEZ 8500 N. NEBRASKA	Name (Printed or typed)	STORETA STORETA STORETA
8500 N. NEBRASKA TAMPA, FL 33604	Name (Printed or typed) AVE.	SALLIAHIASSELLE PARTY SALLIAN SALLIAN PARTY

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)

. ,	27.4 2.579	•	b
ARTICLE I	NAME GOMEZ 5 AUTO REPA	IR INC	
The name of the c	orporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing add	lress, if different is:
	8500 N NEBRASKA AVE.		
•	TAMPA FL 33604		
ARTICLE III			
The purpose for v	which the corporation is organized is:		
	SIGNED INCORPORATOR, FOR THE		
FROFIT CO	RMPORATION, HEREBY ADOPTS A	RTICLES OF CORPO	RATION, FOR A S
CORPORAT	ION.		
ARTICLE IV	SHARES		
	ares of stock is:100		
The name of Six			
	INITIAL OFFICERS AND/OR DIRECTOR		
Name and T	itle:RICARDO GOMEZ	Name and Title:	
Address:	10606 FAIRFIELD VILLAGE DR	_ Address:	
	TAMPA, FL 33624	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		
	51	N	
	Title: MARGARITA GOMEZ		
Address:	10606 FAIRFIELD VILLAGE DR		
	TAMPA, FL 33624		<u> </u>
			
Name and T	Title:	Name and Title:	
Address:		Address:	
			2010
	REGISTERED AGENT		6 5
The <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of	f the registered agent is:	TE S
Name:	RICARDO GOMEZ	_	***
Address:	10606 FAIRFILED VILLAGE DR		<u> </u>
	TAMPA, FL 33624	_	[T] T]
	NICODROD AMOR		
ARTICLE VII	INCORPORATOR		PH 3: 22
	dress of the Incorporator is:		
Name:	RICARDO GOMEZ	-	
Address:	10606 FAIRFIELD VILLAGE DR	_	2
	TAMPA, FL 33624	_	
Havina heen nan	ned as registered agent to accept service of proces.	s for the above stated corpor	ation at the place designated is
this certificate. I a	im familiar with and accept the appointment as reg	sistered agent and agree to act	in this capacity
inio certificate, i a			
	a material		10-14-10
			10-14-10 Date
	Required Signature/Registered Agent		Date
I submit this does	ument and affirm that the facts stated herein are	true. I am aware that the fi	alse information submitted in a
	ument und affirm that the facts stated herein are Department offState constitutes a third degree felon		
acconstra st the L	comment official communication and active feron	, as provident or memor misso	
	1.60LAT		10-19-10
			1 V / I