

P10000093246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 16 2010

## COVER LETTER

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

SUBJECT: FLORIDAS ELITE AUTOMOTIVE, 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: Colleen Tinari  
Name (Printed or typed)  
16460 Cortez BLVD  
Address  
BROOKSVILLE, FL 34601  
City, State & Zip  
(352) 593-4193  
Daytime Telephone number  
Ctinari@bellsouth.net  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: FLORIDAS ELITE AUTOMOTIVE, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

16460 CORTEZ BLVD  
BROOKSVILLE, FL 34601

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NEW BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Colleen Tinari - V. Pres.

Address: 6148 Krista Dr.  
Spring Hill, FL 34609

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Dominick Tinari - Pres.

Address: 6148 Krista Dr.  
Spring Hill, FL 34609

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: NEAL ONEY - DIR.

Address: 27026 Colassa Rd.  
BROOKSVILLE, FL 34601

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

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

Name: Colleen Tinari

Address: 6148 Krista Dr.  
Spring Hill, FL 34609

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Colleen Tinari

Address: 6148 Krista Dr.  
Spring Hill, FL 34609

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

Colleen Tinari  
Required Signature/Registered Agent

11/9/10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Colleen Tinari  
Required Signature/Incorporator

11/9/10  
Date

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