# P11000000095

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

Office Use Only



000188421120

Effective Date Jan 3, 2011

12/20/10--01028--005 \*\*78.75

Who is a long to the second of the second of

2010 DEC 30 PM 4: 42

### **COVER LETTER**

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

SUBJECT: chaz auto repair servic	e inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	JPY REQUIRED
FROM: rampersad mathura		
Name	(Printed or typed)	-
1612 carter oaks drive		<del></del>
F	Address	
valrico florida 33596	State & Zip	
City,	State & Zip	
813 504 4367	elephone number	-
•	ciepnone number	
math005@aol.com E-mail address: (to be used	for future annual report	notification)
_ ·	•	

NOTE: Please provide the original and one copy of the articles.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 DEC 30 AH IO: 45

SECRETAS/ OF STATE TALLAHASSEE, FLORIDA

December 21, 2010

RAMPERSAD MATHURA 1612 CARTER OAKS DRIVE VALRICO, FL 33596

SUBJECT: CHAZ AUTO REPAIR SERVICE

Ref. Number: W10000058789

We have received your document for CHAZ AUTO REPAIR SERVICE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 910A00029504

www.sunbiz.org

Division of Communities - D.O. DOV 6997 Well-barrer Florida 9991

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the	corporation shall be:	arvice inc.		
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing address, if different	is:	
	520 e floribraska ave.			
	tampa florida 33603			
ARTICLE III	PURPOSE		<b>2010</b>	
	which the corporation is organized is:	Effactive Date	33 OEC	
auto repair	service	Effective Date Jan 3, 2011	- 100 B	
			30 (%) (%) (%) (%)	
			그 골	
ARTICLE IV	SHARES		# ± 5	
The number of s	hares of stock is250		\$ <b>5</b>	
	INITIAL OFFICERS AND/OR DIRECT			
Name and Address:		Name and Title:		
Audress.	valrico florida 33596			
	yanta nonga 55550			
Name and	Title:reffena hosein vice pres	Name and Title:		
Address:	·	Address:		
	1612 carter oaks drive valrico florida 33596			
Name and	Title:	Name and Title:		
Address:		Address:		
APTICI E VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT accepta	able) of the registered agent is:		
Name:	rampersad mathura			
Address:				
	valrico florida 33596			
4 D. G. T. C. T.	7 71WADDAD 4 MAD	patille VIII Opening Jan 3 3	yate	
	INCORPORATOR  Iddress of the Incorporator is:	lan 2	1011	
Name:	rampersad mathura	Jan 3 0	<i>•••</i>	
Address:	1612 carter oaks drive	<del></del>		
	valrico florida 33596			
Havingsbeen na	amed as registered agent to accept service of i	process for the above stated corporation at the pla	ce designated in	
		as registered agent and agree to act in this capacity		
Janea	rad Wathura	12/27/201	0	
1//	Required Signature/Registered Ages	nt D	ate	
I submit this do	ocument and affirm that the facts stated here	in are true. I am aware that the false information	submitted in a	
document to the	Department of State constitutes a third degree	e felony as provided for in s.817.155, F.S.		
NauNa	I ad I WASTAUNE	12/27/20	10	
10.00	Required Signature/Incorporator		Date	