

P110000029810

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

A/46793

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000079206 3)))



H110000792063ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
11 MAR 25 PM 2:22
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

tripod collision & repair shop, inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
2011 MAR 25 PM 4:41
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H11000079206

TRIPOD COLLISION & REPAIR SHOP, INC.

6220 NORTHWEST 2ND AVENUE
MIAMI FL 33150

March 25, 2011

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
New Filings Section
Tallahassee, Florida

Attached new articles of incorporation of **TRIPOD COLLISION & REPAIR SHOP, INC.** You have on your records a corporation that is Inactive/Unavailable, and this new filing has the same principals and the association. Please reconsider to be approved and register again.

Thanks in advance and feel free to contact me if you have any questions.



Ores Nelson
President

H11000079206

H11000079206

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: **TRIPOD COLLISION & REPAIR SHOP, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
6220 NW 2ND AVENUE
MIAMI FL 33150

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS PERMITTED IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **P. ORES NELSON**
Address: **6220 NW 2ND AVENUE**
MIAMI, FL 33150

Name and Title: _____
Address: _____

Name and Title: **VP. ALISMA BELIZAIRE**
Address: **6323 NW MIAMI PLACE**
MIAMI, FL 33150

Name and Title: _____
Address: _____

Name and Title: **T. JACQUES P. SAINVIL**
Address: **6323 NW MIAMI PLACE**
MIAMI, FL 33150

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: **OREN NELSON**
Address: **6220 NW 2ND AVENUE**
MIAMI, FL 33150

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ALISMA BELIZAIRE**
Address: **6323 NW MIAMI PLACE**
MIAMI, FL 33150


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


Required Signature/Registered Agent

3/25/2011

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.


Required Signature/Incorporator

3/25/2011

Date

H11000079206

FILED

2011 MAR 25 PM 4:41

DEPT. OF STATE
CORPORATION DIVISION