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11 MAY 12 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 5/13/11

## COVER LETTER

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

SUBJECT: CAPE TIRES AND BRAKES 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: RAUL CEDENO

Name (Printed or typed)

4513 AGUALINDA BLVD.

Address

CAPE CORAL, FL., 33914

City, State & Zip

2394402511

Daytime Telephone number

RAULCEDENOJR@HOTMAIL.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** CAPE TIRES AND BRAKES INC.  
The name of the corporation shall be:

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1424 VISCAYA PARKWAY  
CAPE CORAL, FLORIDA, 33990

Mailing address, if different is:  
4513 AGUALINDA BLVD.  
CAPE CORAL, FLORIDA, 33914

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
CAPE TIRES AND BRAKES INC.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>RAUL CEDENO PRES.</u>	Name and Title: _____
Address: <u>4513 AGUALINDA BLVD.</u>	Address: _____
<u>CAPE CORAL, FL, 33914</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: RAUL CEDENO  
Address: 4513 AGUALINDA BLVD.  
CAPE CORAL, FL, 33914

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RAUL CEDENO  
Address: 4513 AGUALINDA BLVD.  
CAPE CORAL, FL, 33914

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

Paul Cedeno  
Required Signature/Registered Agent

5-6-11  
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.

Paul Cedeno  
Required Signature/Incorporator

5-6-11  
Date