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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 27 PM 12:53

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COVER LETTER

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

SUBJECT: C. A. Y. Complete Auto Service 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: Alberto Leon
Name (Printed or typed)

8655 Saddlebrook Circle #8308
Address

Naples, FL 34104
City, State & Zip

239-200-2997
Daytime Telephone number

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

The name of the corporation shall be:

C.A.V. Complete Auto Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5555 Golden Gate Pkwy #139
Naples, FL 34116

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alberto Leon Pres. Name and Title:

Address: 8655 Saddlebrook Cir #808 Address:

Naples FL 34104

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: Alberto Leon

Address: 8655 Saddlebrook Circle
Naples, FL 34104

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alberto Leon

Address: 8655 Saddlebrook Circle
Naples FL 34104

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

Date

5/25/2011

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

Date

5/25/2011

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ARTICLE
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