

P/10000051039

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(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CARLOS Alvarez GAVE

AUTHORIZATION BY PHONE TO

CORRECT Article-I

DATE 5-31-11 AT 3:08 P.M.

DOC. EXAM. SC

Office Use Only



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05/27/11--01013--005 \*\*70.00

FILED  
2011 MAY 27 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC

## COVER LETTER

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

SUBJECT: AutoBody Tek, 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: Carlos Alvarez

Name (Printed or typed)

8835 SW 107 Avenue #312

Address

Miami, FL 33176

City, State & Zip

786 339-3750

Daytime Telephone number

jennymf@msn.com

E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32314

**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: Autobody Tek, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8835 SW 107 Avenue  
#312  
Miami, FL 33176

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Import + Export

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Carlos Alvarez - President  
Address: 8835 SW 107 Avenue  
#312  
Miami, FL 33176

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: Carlos Alvarez  
Address: 8835 SW 107 Avenue #312  
Miami, FL 33176

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carlos Alvarez  
Address: 8835 SW 107 Avenue #312  
Miami, FL 33176

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

[Signature]  
Required Signature/Registered Agent

5/24/11  
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.

[Signature]  
Required Signature/Incorporator

5/24/11  
Date

FILED  
2011 MAY 27 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301