

P/1000055383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

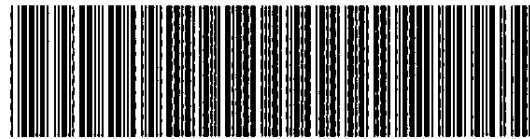
(Business Entity Name)

(Document Number)

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

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11 JUN 13 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ 06/14/11

W11-31118



**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

RECEIVED  
11 JUN 13 AM 11:07  
DIVISION OF CORPORATIONS

June 7, 2011

NIKOLAI SUAREZ  
1514 CROSSRIDGE DR  
BRANDON, FL 33510

SUBJECT: SUAREZ AUTO REPAIR CORP  
Ref. Number: W11000031118

We have received your document for SUAREZ AUTO REPAIR CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 511A00013960

## COVER LETTER

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

SUBJECT: **SUAREZ AUTO REPAIR CORP**

(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: **NIKOLAI SUAREZ**

Name (Printed or typed)

**1514 CROSSRIDGE DR**

Address

**BRANDON FL 33510**

City, State & Zip

**813 965 6249**

Daytime Telephone number

**maritzavilela29@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** SUAREZ AUTO REPAIR CORP

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7203 N FLORIDA AVE  
TAMPA FL, 33604

Mailing address, if different is:

1514 CROSSRIDGE DR  
BRANDON FL, 33510

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: NIKOLAI SUAREZ / PRESIDENT	Name and Title: N/A
Address: 7203 N FLORIDA AVE	Address:
TAMPA, FL, 33604	

Name and Title: N/A	Name and Title: N/A
Address:	Address:

Name and Title: N/A	Name and Title: N/A
Address:	Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: Maritza Vilela  
Address: 1514 Crossridge Dr  
Brandon, FL, 33510

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maritza Vilela  
Address: 1514 Crossridge Dr  
Brandon, FL, 33510

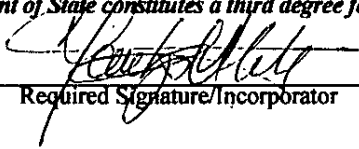
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature/Registered Agent

06/10/2011

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

06/10/2011

Date

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TALLAHASSEE, FLORIDA