

P11000073265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

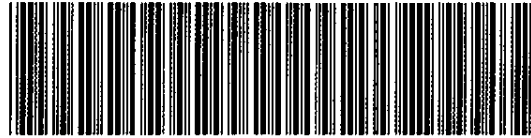
(Document Number)

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

Special Instructions to Filing Officer:

*Mr. Testagrose office called*  
*GAVE*  
AUTHORIZATION BY PHONE TO  
CORRECT *add INC to corp. name*  
DATE *8/16/11*  
DOC. EXAM *MRD*

Office Use Only



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08/15/11--01018--002 \*\*87.50

FILED  
11 AUG 15 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*MRD 8/16*

1111 112774

## COVER LETTER

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

SUBJECT: CAD Complete Auto Repair, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: #4787

☐ \$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: Conrad M Testagrose  
Name (Printed or typed)

1720 SW 106<sup>th</sup> Terr  
Address

Davie FL 33324  
City, State & Zip

(954) 325-1874  
Daytime Telephone number

darnoc98@comcast.net  
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:

CAD Complete Auto Repair, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1720 SW 106th Terr  
Davie FL 33324

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Automotive Repairs

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Conrad M. Testagrose  
Address: President

1720 SW 106th Terr  
Davie FL 33324

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

Name and Title: Pauline A Testagrose  
Address: Secretary

1720 SW 106th Terr  
Davie FL 33324

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:

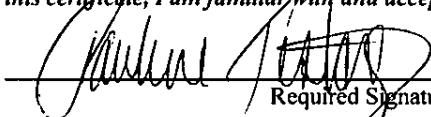
Name: Pauline A Testagrose  
Address: 1720 SW 106th Terr  
Davie FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pauline A Testagrose  
Address: 1720 SW 106th Terr  
Davie FL 33324

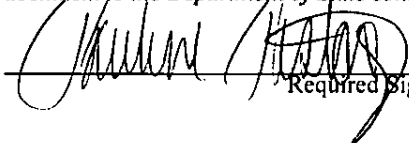
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8/12/11  
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.



Required Signature/Incorporator

8/12/11  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA