# P110003623

(Re	equestor's Name)					
(Ad	Idress)					
(Ad	ldress)					
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Na	me)				
	•					
(Do	cument Number)	)				
Certified Copies	Certificate	s of Status				
Special Instructions to	Filing Officer:					
·						

Office Use Only



800214854488

12/05/11--01019--007 \*\*87.50

11 DEC -5 AM 11: 24

Ps 12/6/11

# **COVER LETTER**

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

	ECHANICS INC
(PROPOSED CORPORA	FE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Orlando Javi	er Landen
3444 NW	17 Street
Miami, fl City,	33 135 State & Zip
305-710 Daytime To	) - 9 6 48 elephone number
E-mail address: (to be used	for future annual report notification)

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

Date of this notice: 11-30-2011

Employer Identification Number:

45-3937842

Form: SS-4

Number of this notice: CP 575 A

JJ AUTO MECHANICS INC JJ AUTO MECHANICS 3444 NW 17 STREET MIAMI, FL 33125

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-3937842. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2012

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure. 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

## IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

**ARTICLES OF INCORPORATION**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRE	FILED TARY OF STATE
01113101	OF CORPORATIONS

ARTICLE I	NAME	- ALITO A	NECHANICS	TALO	CORPO
he name of the c	corporation shall be:	AU O N	IC CHANT C	11 DEC -5	Лы і
RTICLE II	PRINCIPAL OFFICE Principal street address		Mailing addres	ss, if different is:	нп (
	3444 NW 175	7 (44)			
•	Miami, Fu				
RTICLE III	PURPOSE				
	which the corporation is organized				
Front e	end suspension, si	feering, ali	anount has	kas	
			υ , υ, ω, ω, α	L-6-7	
RTICLE IV	SHARES ares of stock is: ONE				
Name and T	INITIAL OFFICERS AND/O		ne and Title:		
Address:	3444 71 (7)		•		
	Miami FC. 3	<del></del>			
Name and 1	Γitle:	Nar_	ne and Title:		
Address:					
Name and 1	Γitle:	Nar	ne and Title:		
Address:		Add	ress:		
ARTICLE VI	REGISTERED AGENT				
he <u>name and FI</u> Name:	orida street address (P.O. Box NO		gistered agent is:		
Address:	3444 NW 17	street			
	Miami Fe	3312			
	INCORPORATOR Idress of the Incorporator is:				
Name:	Oclando Javier	- Landero			
Address:	Oclardo Javier 3444 NW 17 Miami Fu	street			
	rrjiami +2	3310			
	ned as registered agent to accept so am familiar with and accept the app				in
-	21	_		1 1	
	Dolardo J Larde Required Signature/Regist	260		11 30 2011	
	Required Signature/Regist	tered Agent		Date	
	ument and affirm that the facts st				a
^	Department of State constitutes a the		ovided for in s.817.155, F	.S.	
$\mathcal{O}$	Required Signature/Inco	dero		11/30/2011	
<del></del>	Required Signature/Inc	orporator	<del> </del>	Date	