

P11000104340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

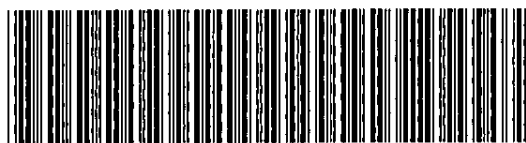
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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AUTHORIZATION BY PHONE TO
CORRECT *Article IV - remove 20*
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DOC. EXAM *MED*

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12/07/11--01009--007 **70.00

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2011 DEC -7 AM 10:57

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC -7 AM 9:25

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**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

12/6 Ana

☐ CERTIFIED COPY

☐ PHOTOCOPY

☐ CUS

☒ FILING

INC

1. VOFON BODY SHOP REPAIR INC.

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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

FILED

11 DEC -7 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: **YOFON BODY SHOP REPAIR INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
12491 SW 130 ST. #H
MIAMI, FL. 33186

Mailing address, if different is:
12491 SW 130 ST. #H
MIAMI, FL. 33186

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: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN WUECH
Address: 12491 SW 130 ST. #H
MIAMI, FL. 33186
PRES.

Name and Title: _____
Address: _____

Name and Title: PABLO Y FONSECA
Address: 12491 SW 130 ST. #H
MIAMI, FL. 33186
V.P.

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: PABLO Y FONSECA
Address: 12491 SW 130 ST. #H
MIAMI, FL. 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PABLO Y FONSECA
Address: 12491 SW 130 ST. #H
MIAMI, FL. 33186

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

11/30/2011
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

11/30/2011
Date