

P11000107091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

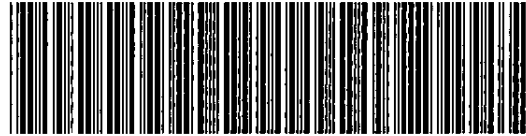
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900215089909

12/19/11--01022--015 **166.25

FILED

2011 DEC 19 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Burch DEC 20 2011

COVER LETTER

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

SUBJECT: Alvarez Transmission & 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:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Anibal A. Alvarez
Name (Printed or typed)

1471 Glenview Rd.
Address

North Port, FL 34288
City, State & Zip

941-237-7036
Daytime Telephone number

aalvarez1173@aol.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

The name of the corporation shall be:

Alvarez Transmission & Auto Repair, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

**1193 Enterprise Drive, Suite B3
Port Charlotte, FL 33953**

Mailing address, if different is:

**1471 Glenview Rd.
North Port, FL 34288**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Automotive Repair Services

ARTICLE IV SHARES

The number of shares of stock is: **2**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Anibal A. Alvarez / President**

Address: **1471 Glenview Rd.
North Port, FL 34288**

Name and Title: **Patricia C. Rood-Alvarez / Vice-President**

Address: **1471 Glenview Rd.
North Port, FL 34288**

Name and Title: _____

Address: _____

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: **Anibal A. Alvarez**

Address: **1471 Glenview Rd.
North Port, FL 34288**

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **Patricia C. Rood-Alvarez**

Address: **1471 Glenview Rd.
North Port, FL 34288**

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

12/16/11
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

12/16/11
Date

FILED
2011 DEC 19 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA