

P11000107768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

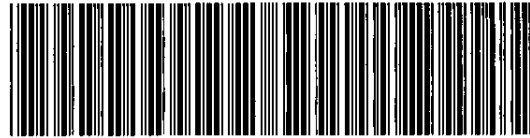
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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11 DEC 21 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W11-SP129  
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691  
613

**COVER LETTER**

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

**SUBJECT:** Fusion Auto Supplies  
(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:** Ivelise Avila  
Name (Printed or typed)  
2239 NW 170 Avenue  
Address  
Pembroke Pines, FL 33028  
City, State & Zip  
786-973-5353  
Daytime Telephone number  
Ivelise25@yahoo.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 21 PM 2:14

FILED

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2011

IVELISE AVILA  
2239 NW 170 AVE  
PEMBROKE PINES, FL 33028

SUBJECT: FUSION AUTO SUPPLIES  
Ref. Number: W11000058129

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

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6929.

Justin M Shivers  
Regulatory Specialist II

Letter Number: 211A00025968

**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: Fusion Auto Supplies Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3171 E 10th Avenue  
Hialeah, FL 33013

Mailing address, if different is:  
2239 NW 170 Avenue  
Fort Lauderdale, FL 33302

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: LILIANA CASTAÑEDA-P  
Address: 3171 E 10th Avenue  
Hialeah, FL 33013

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

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: Liliana Castañeda-P  
Address: 3171 E 10th Avenue  
Hialeah, FL 33013

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Liliana Castañeda-P  
Address: 3171 E 10th Avenue  
Hialeah, FL 33013

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

x Liliana Castañeda  
Required Signature/Registered Agent

11/10/11  
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.

x Liliana Castañeda  
Required Signature/Incorporator

11/10/11  
Date