

P/1000109228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

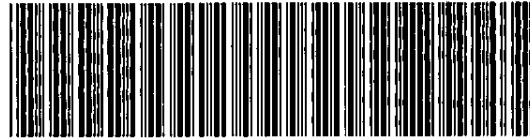
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTED THE INCORPORATOR'S  
NAME PER TELEPHONE  
CONVERSATION WITH MIRIAM  
TORRES OF MTA OF OVIEDO.

K 12/30/11

Office Use Only



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12/28/11--01036--007 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 28 AM 10:20

FILED

K 12/30/11

## COVER LETTER

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

SUBJECT: **KAR SOLUTIONS 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

☒ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: **MTA OF OVIEDO FINANCIAL SERVICES INC**

Name (Printed or typed)

**2572 WEST SR 426 SUITE 1072**

Address

**OVIEDO, FLORIDA 32765**

City, State & Zip

**407-977-9230**

Daytime Telephone number

**MIRETORRES@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** KAR SOLUTIONS INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2285 CURBETT RD  
ORLANDO, FLORIDA 32826

Mailing address, if different is:

**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 200 SHARES

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

Name and Title: NILBERTO RODRIGUEZ, PRES  
Address: 2285 CURBETT ROAD  
ORLANDO, FL 32826

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: MTA OF OVIEDO FINANCIAL SERVICES INC  
Address: 2572 WEST SR 426 SUITE 1072  
OVIEDO, FLORIDA 32765

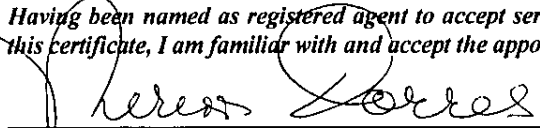
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NILBERTO RODRIGUEZ  
Address: 2285 CURBETT ROAD  
OVIEDO, FLORIDA 32826

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

12/18/11  
\_\_\_\_\_  
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

12/18/11  
\_\_\_\_\_  
Date