

P12000002773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

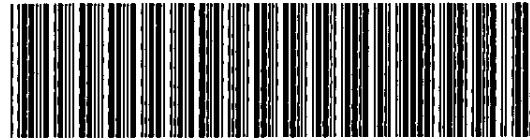
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/09/12--01036--001 **78.75

FILED
12 JAN -9 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
1/10/12

COVER LETTER

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

SUBJECT: MUTY PAINT AND BODY SHOP CORP
(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: FLORIDA INS & ACCT SERVICE INC
Name (Printed or typed)

P O BOX 651221
Address

MIAMI FL 33265
City, State & Zip

305-461-4884
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

*Please mail the certificate to the
Address Above*

THANKS

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: **MUTY PAINT AND BODY SHOP CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1040 SE 5TH STREET BAY # 2
HIALEAH FL 33010

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Mailing address, if different is: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO ENGAGE IN AUTOMOTIVE BODY SHOP REPAIRS AND PAINTING

ARTICLE IV SHARES

The number of shares of stock is: **ONE HUNDRED (100) SHARES OF COMMON STOCK PAR VALUE \$1.00 EACH**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **LUIS REY-PRESIDENT**
Address: **1040 SE 5TH STREET BAY # 2**
HIALEAH FL 33010

Name and Title: **LENNIER RODRIGUEZ-VICE-P**
Address: **1040 SE 5TH STREET BAY # 2**
HIALEAH FL 33010

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:

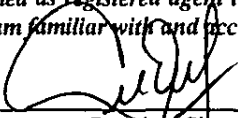
Name: **LUIS REY**
Address: **1040 SE 5TH STREET BAY # 2**
HIALEAH FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **LUIS REY**
Address: **1040 SE 5TH STREET BAY # 2**
HIALEAH FL 33010

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

1-4-12

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

1-4-12

Date