

P/2000009049

(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:

CORRECTED ARTICLE IV "SHARES  
OF STOCK" PER TELEPHONE  
CONVERSATION WITH PAULA  
REYES.

K 01/26/12

Office Use Only



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12 JAN 25 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 01/26/12

## COVER LETTER

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

SUBJECT: The Lion Kings Auto + Boat 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

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

FROM: Paula Reyes  
Name (Printed or typed)

1009 Summit Blvd  
Address

West Palm Beach FL 33405  
City, State & Zip

(561) 685-4882  
Daytime Telephone number

paula.r@gonzcollisioncenter.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: The Lion Kings Auto & Boat Repair, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5414 Georgia Ave  
West Palm Beach, FL  
33405

Mailing address, if different is:  
Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Computer Diagnostics & Electrical Repairs  
For Autos & Boats

**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title: Yoniset Leon, President  
Address: 940 Paseo Ave  
West Palm Beach, FL 33405

Name and Title: Orestes Reyes, Director  
Address: 1009 Summit Blvd  
West Palm Beach, FL  
33405

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: Paula Reyes  
Address: 1009 Summit Blvd  
West Palm Beach FL 33405

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Paula Reyes  
Address: 1009 Summit Blvd  
West Palm Beach FL 33405

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

Paula Reyes

Required Signature/Registered Agent

1/23/12

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.

Paula Reyes

Required Signature/Incorporator

1/23/12

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA