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(Requestor's Name)

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(City/State/Zip/Phone #)

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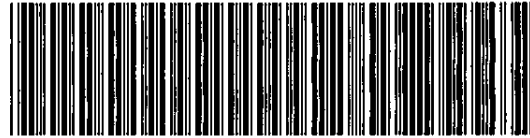
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/13/12--01031--006 **78.75

FILED
2012 FEB 13 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 14 2012

COVER LETTER

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

SUBJECT: MILTON PEREIRA AUTO DETAIL 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: Milton Pereira

Name (Printed or typed)

942 SW 149 Ct.

Address

Miami, FL 33194

City, State & Zip

786-227-4223

Daytime Telephone number

miltonpereira1@bellsouth.net

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

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

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

MILTON PEREIRA AUTO DETAIL INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

942 SW 149 CT, MIAMI, FL 33194

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, The State of Florida, or any other state, county, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is 1000 shares at \$1.00 Par Value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Milton Pereira-President

Address: 942 SW 149 CT, MIAMI, FL 33194

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: Milton Pereira

Address: 942 SW 149 CT, MIAMI, FL 33194

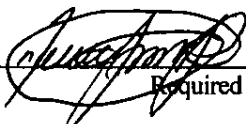
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Milton Pereira

Address: 942 SW 149 CT, MIAMI, FL 33194

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

02/10/2012

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

02/10/2012

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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