P12000023964

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: Gardens Auto Body Sh	op, Inc
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
Delevele Demo	SE SE
FROM: Rolayde Domecq Name	(Printed or typed)
528 west 17 street	(Printed or typed) Representation of typed) Address Representation of typed
Hialeah, Florida 33010	State & Zip
786-355-1502	elephone number
o rolaidito	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 II PRINCIPAL OFFICE				
,	Principal <u>street</u> address 8715 NW 117 Street unit 11-12	Maining a	address, if different is:	
	Haleah Gardens Fl 33018			
RTICLE III				
he purpose for w Auto Body st	hich the corporation is organized is:			
RTICLE IV	SHARES			
	res of stock is: 100			
DTICLE V	INITIAL OFFICERS AND/OR DIRECTORS			
		me and Title:		
Address:	tle: Rolayde Domecq - President Na 8715 NW 117 street unit 11-12 Ad	dress:		
	Hialeah Gardens Fl 33018			
	<u> </u>			
Name and T	tle:Na	me and Title:		
Address:	Ad	dress:		
		 		
	tle: Na			
Address:	Ad	dress:		
			70 7	
	REGISTERED AGENT		ARE AR T	
ne <u>name and Fio</u> Name:	rida street address (P.O. Box NOT acceptable) of the ri Rolayde Domeco	egistered agent is:	ASS	
Address:	8715 nw 117 street unit 11-12			
	hialeah Gardens Fl 33018			
D#101 D 1911	ZIZODBOD A MOD			
RTICLE VII	INCORPORATOR		85 7	
Name:	ress of the Incorporator is: Rolayde Domecq		2 2	
Address:	8715 NW 117 Street, Unit 11-12——			
	Hialeah Gardens, FL 33018		d	
	d as registered agent to accept service of process for a familiar with and accept the appointment as registered			
\ RIDH			02 79 12	
	Required Signature/Registered Agent And Inc	orporator	$\frac{O2-Z9-12}{Date}$	
		•		
submit this docu	ment and affirm that the facts stated herein are true.			
	partment of State constitutes a third degree felony as p			