

P12000043108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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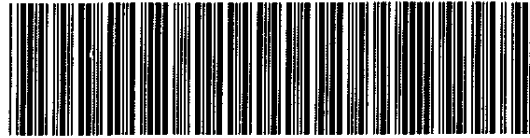
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12 MAY - 7 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
5/8/12

COVER LETTER

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

SUBJECT: Pinecrest Automotive Center, 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: Michael A. Leonard
Name (Printed or typed)

12905 SW 84 Ave Rd.
Address

Miami, FL 33156
City, State & Zip

786-354-8483
Daytime Telephone number

michaelleonard@bellsouth.net
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: Pinecrest Automotive Centers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
12205 SW 84 Ave Rd
Miami, FL 33156

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Automotive Repair Shop

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael A. Leonard
Address: President
10600 SW 164th St.
Miami, FL 33157

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: Michael S. Rothman
Address: 14781 Sw 94th Ave
Miami, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael S. Rothman
Address: 14781 Sw 94th Avenue
Miami, FL 33176

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

Michael S. Rothman

Required Signature/Registered Agent

5/3/12

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.

Michael S. Rothman

Required Signature/Incorporator

5/3/12

Date