

Division of Corporations Electronic Filing Cover Sheet

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(((H12000126838 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ASSOCIATED TAX CONSULTANTS GROUP, INC.

Account Number: I20110000056 : (305)823-9292 Phone Fax Number : (305)824-0703

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ATC GIE YAhoo. Com

## FLORIDA PROFIT/NON PROFIT CORPORATION P & EDDY AUTO REPAIRS, INC

Certificate of Status	0
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PROFESSIONAL ACCOUNT

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5/8/2012 22:91 2102/80/90 H120001268383

## Florida Department of State

**Attention:** New Filings Section

Date: MAY, 08, 2012

To whom it may concern:

12 MAY -8 PM 12: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIE

This is to advise you that the owners of <u>P & EDDY AUTO REPAIRS</u>, INC. of Doc # <u>P10000049294</u> are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

AGUSTIN LOPEZ - REGISTERED AGENT

## H120001268383

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

ARTICLE I N	FAME P & EDDY AUTO RE oration shall be:	PAIRS	S, INC			
ARTICLE II P	RINCIPAL OFFICE					
	Principal street address		Malling address, if different is:			
510	67 EAST 11TH AVE					
	ALEAH EL 33013	_				
1-111	31 C/VI 31 C/V	-				
<del></del>		_				·
ARTICLE III P	URPOSE					
The purpose for which ANY AND ALL	ch the corporation is organized is: LAWFUL BUSINESS					
	·			•		
ARTICLE IV S	SHARES s of stock is: 600 SHARES					
the number of shares	tot stock is. 666 of the teo					
ARTICLE V L	NITIAL OFFICERS AND/OR DIRECTOR	<u> </u>				
Name and Title	ELOPEZ, AGUSTIN 687 WEST 40 PL	_ Name	and Title:			
Address:	687 WEST 40 PL	_ Addre	ss:			
	HIALEAH FL 33012 US	_				
		_				
Name and Title	s:	Nama	and Title:			
Address:		_ Natio	eer			
Address:		_ Addie				
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Name and Title	c:	_ Name	and Title:			
Address:	Material Control	Addre	ss:			
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		_	<u></u>			<u> </u>
						IL COLUMN
	EGISTERED AGENT					
	da street address (P.O. Box NOT acceptable) or	f the regis	stered agent is:		****	سنو-لساسترين د
Name:	LOPEZ, AGUSTIN	_				ာ 📜
Address:	687 WEST 40 PI	_			~ ·	
	HIALEAH FL 33012 US	-				
						- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
ARTICLE VII I						
	ess of the Incorporator is:				22.	<b>&gt;</b> ' ' ' '
	LOPEZ, AGUSTIN	_			ORIDA	_
Address:	687 WEST 40 PL	_		•	$\Rightarrow$	
	HIALEAH FL 33012 US	_				
Having been named this certificate, Lam	as registered agent to accept service of process familiar with and accept the appointment as reg	ss for the gistered a	above stated cor gent and agree to	poration at the poact in this capac	place designa city	ated in
B RAIN			05/08/12			
- feet, w	Required Signature/Registered Agent		<del></del>	00/00/1	Date	<del></del>
I submit this gocum	Ept and affirm that the facts stated herein are	e true. I	am aware that th	he false informa	tion submitte	ed in a
document for the Dap	griment of State constitutes a third degree felon	ty as pro	vided for in s.817.	.155, F.S.		
1. D. R. S.	'/			•		
18000	•			05/08/	12	
100	Required Signature/Incorporator	****			Date	