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(Red	questor's Name)			
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(City	//State/Zip/Phone :	#)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Name	e)		
(Doc	cument Number)			
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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		~		
	/Office Use Only			



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January January

FILED

12 JUN -4 PM 4: 25

SECRETARY OF SELECT

BENODEMIN 5 7018

COVER LETTER

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

SUBJECT: Auto Carriers, Inc		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: GUERY IPARRAGUIRRE	(Printed or typed)	
15970 W.STATE RD	84 #124 Address	
WESTON, FL 33326 City,	State & Zip	
954-279-8900 Daytime To	elephone number	
HIPARRAG@YAHO	O.COM I for future annual report	notification)

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



RECEIVED

12 JUN - 4 PH 2: 43

ALLA-BURE OF STATE

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2012

GUERY IPARRAGUIRRE 15970 W STATE RD 84 #124 WESTON, FL 33326

SUBJECT: AUTO CARRIERS, INC. Ref. Number: W12000027478

We have received your document for AUTO CARRIERS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 612A00014596

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

The name of the con	poration shall be: Auto Transported PRINCIPAL OFFICE	•	:
	Principal <u>street</u> address 9821 NW 2nd Ave #135 ami Gardens, FL 33169	Mailing	address, if different is:
	cich the corporation is organized is: Transport		12 JUN SECRET
he number of share	SHARES s of stock is: 100,000 INITIAL OFFICERS AND/OR DIRECTOR	S Name and Title:	FILED -4 PM 4:25 ARY OF STATE SSEE FLORID
Address:	eGuery Iparraguirre - Presiden 19821 NW 2nd Ave #135 Miami Gardens, FL 33169	Address:	
Name and Tit Address:	le:	A 11	
Name and Tit Address:	le:	Name and Title: Address:	
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) o Guery Iparraguirre 19821 NW 2nd Ave #135 Miami Gardens, FL 33169	f the registered agent is:	
	INCORPORATOR Tess of the Incorporator is: Guery Iparraguirre 19821 NW 2nd Ave #135 Miami Gardens, FL 33169	-	
	l as registered agent to accept service of proces familiar with and accept the appointment as reg		
			6/01/12
	Required Signature/Registered Agent ment and affirm that the facts stated herein are partment of State constitutes a third degree felon		Date e false information submitted in
rumeni w ine De	numera of Same Constitutes a third degree fetor	y us provuicu jor in 5.01 /.1	6/01/12
	Required Signature/Incorporator		Date