

P/2000058/54

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

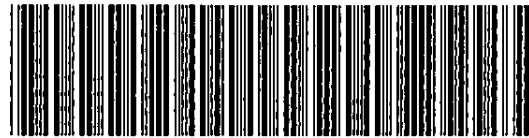
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600236590756

600236590756  
06/28/12--01002--020 \*\*78.75

FILED  
12 JUN 28 PM 5:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K 06/29/12

## COVER LETTER

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

SUBJECT: ATHR BRAKES, INC.  
(PROPOSED CORPORATE NAME <sup>2</sup> 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: Harvey L. Rubinchik, P.A.  
Name (Printed or typed)  
1860 N. Pine Island Rd. #201  
Address  
Plantation, FL 33322  
City, State & Zip  
954-475-9995  
Daytime Telephone number  
HLRESQ@AOL.COM  
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:

ATHR BRAKES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1860 N. Pine Island Rd. #201  
Plantation  
FL 33322

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

New business

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Andrew Trumbach, Pres. Name and Title:

Address: 2091 SW 60 Ave. Address:

Plantation, FL 33317

Name and Title: Harvey Rubinchik, VP Name and Title:

Address: 1860 N. Pine Island Rd. Address:

#201

Plantation, FL 33322

Name and Title: Name and Title:

Address: Address:

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Harvey L. Rubinchik, Esq.  
Address: 1860 N. Pine Island Rd. #201  
Plantation, FL 33322

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Harvey Rubinchik  
Address: 1860 N. Pine Island Rd. #201  
Plantation, FL 33322

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

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

Date

FILED  
12 JUN 28 PM 5:06  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

6/27/12

6/27/12