

P12000062069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

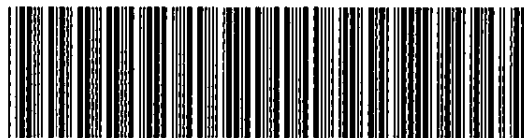
(Business Entity Name)

(Document Number)

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

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06/28/12--01009--011 \*\*78.75

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2012 JUL 13 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stevens JUL 16 2012

W12-34907

121



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2012

YEHUDA GOLAN MAIARA  
240 WELLESLEY DR  
LAKE WORTH, FL 33460

SUBJECT: AUTO TRIM DR. CO.  
Ref. Number: W12000034903

We have received your document for AUTO TRIM DR. CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

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.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 612A00017759

## COVER LETTER

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

SUBJECT: Auto Trim Dr. Co.

(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: Yehuda Golan Maiara

Name (Printed or typed)

240 Wellesley Dr.

Address

Lake Worth, FL 33460

City, State & Zip

(305) 586-1440

Daytime Telephone number

yehuda@autotrimdr.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: Auto Trim Dr. Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
240 Wellesley Dr.  
Lake Worth, FL 33460

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Professional Corporation

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Yehuda Golan Maiara  
Address: 240 Wellesley Dr.  
Lake Worth, FL 33460

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: Yehuda Golan Maiara  
Address: 240 Wellesley Dr.  
Lake Worth, FL 33460


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YEHUDA MAIARA  
Address: 240 Wellesley Dr.  
Lake Worth, FL 33460

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TALLAHASSEE, FLORIDA

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

6/21/2012

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

6/21/2012

Date