

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	
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To:	platatic of Garage 11.	.+-
	Division of Corporations	(m)
	Fax Number : (850)617-6381	
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From:		
	Account Name : FASTKIT CORP	~
	Account Number : I20100000009	0
	Phone : (305)599-0839	
	Filone : (303) 339-0839	

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION Autotronics Mobile, Inc

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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7/24/2012

SECHE LARY OF STATE
ORPORATIONS 12 JUL 24 AM 10: 20

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

The name of the corporation shall be: Audio from:	s Mobile, Inc
ARTICLE II PRINCIPAL OFFICE	
Principal street address	Mailing address, if different is:
13920 SW 20 Street	·
Davie FL 33325	
A Delicat G. CO	
The purpose for which the corporation is organized is:	
Automobile service	
ARTICLE IV SHARES The number of shares of stock is: 100 Sh	cres
ARTICLE V INTITAL OFFICERS AND/OR	
Name and Title: Luis Rosado Pre	Sident Name and Title:
Address: 13920 SW 20 Stre	the Address;
Pavie FL 33325	
Nums and Title:	Name and Water
Name and Title:	Name and Title:
Address:	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT of Name: Luis Rosado	resbustone) of me tell metod affects in:
	cer
Dovie FL 3332	
	
ARTICLE VII INCORPORATOR	
The name and address of the incorporator is:	
Name: Luis Rosado	
	treet
Davie FL 3333.	<u> </u>
Having been named as registered agent to eccept servitive certificate, I am familiar with and accept the appoint	se of process for the above stated corporation at the place designated in ment at registered agent and agree to act in this capacity
	1.4 Au. ومد.
	<u> </u>
Required Signature/Registers	Agent Date
I submit this document and affirm that the facts state document to the Department of State constitutes a third	theseln are true. I am aware that the false information submitted in a legree felony as provided for in s.817.155, F.S.
	7-19-16
Com Oth Oth	
Required Signature/Incorp	praior Date