

PI 2000072297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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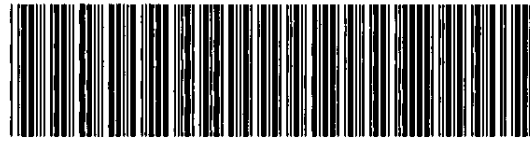
(Business Entity Name)

(Document Number)

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

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08/22/12--01010--013 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 22 PM 2:46

PS 8/23/12

## COVER LETTER

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

SUBJECT: **AUTO TRANSFER SPECIALISTS, CORP.**  
(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: **GABRIEL LINARES**  
Name (Printed or typed)

**7955 W. 30TH LANE**  
Address

**HIALEAH, FL 33018**  
City, State & Zip

**305-775-2425**  
Daytime Telephone number

**GABRIEL LINARES143@MSN.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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

AUTO TRANSFER SPECIALISTS, CORP.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7955 W. 30TH LANE  
HIALEAH, FL 33018

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE CORPORATION IS A CAR CARRIER BUSINESS. WILL BE TRANSPORTING VEHICLES FROM STATE TO STATE.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: GABRIEL LINARES - PRESIDENT

Address: 7955 W. 30TH LANE  
HIALEAH, FL 33018

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: GABRIEL LINARES - PRESIDENT

Address: 7955 W. 30TH LANE  
HIALEAH, FL 33018

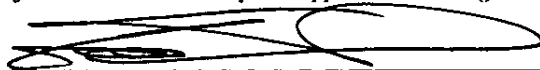
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GABRIEL LINARES - PRESIDENT

Address: 7955 W. 30TH LANE  
HIALEAH, FL 33018

*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

08/20/12

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

08/20/12

Date