

P 13000017444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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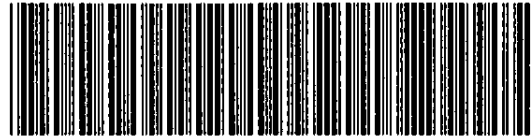
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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2/22/13

COVER LETTER

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

SUBJECT: All Motors Repair Service 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: Eduardo Kassem
Name (Printed or typed)
11651 NW 11 Ave
Address
Miami, FL 33168
City, State & Zip
(786) 355-1334
Daytime Telephone number
EdKassem@gmail.com
E-mail address: (to be used for future annual report notification)

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13 FEB 21 PM 12:48
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: All Motors Repair Service, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11651 NW 11 Ave.
Miami, FL 33168

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Repairs + Service

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eduardo Kassem

Address: 11651 NW 11 Ave.
Miami, FL 33168

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: Eduardo Kassem

Address: 11651 NW 11 Ave.
Miami, FL 33168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eduardo Kassem

Address: 11651 NW 11 Ave.
Miami, FL 33168

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

Eduardo Kassem

Required Signature/Registered Agent

2-16-2013

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.

Eduardo Kassem

Required Signature/Incorporator

2-16-2013

Date

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