

P130000025373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

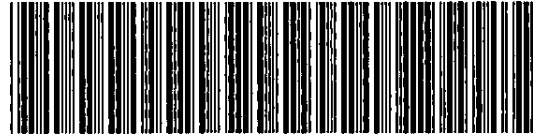
(Business Entity Name)

(Document Number)

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

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Office Use Only



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03/18/13--01048--001 \*\*70.00

FILED  
13 MAR 18 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 3/19

## COVER LETTER

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

**SUBJECT: AUTO CLINIC AUTO SERVICE INC**  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM: WESAM RAMADAN**  
Name (Printed or typed)  
**1524 13TH STREET**  
Address  
**ST CLOUD FL 34769**  
City, State & Zip  
**407-748-5550**  
Daytime Telephone number  
**autoclinic02@gmail.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 CLINIC AUTO SERVICE INC**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**1524 13TH STREET**

**ST CLOUD FL 34769**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

**auto repair and tire sales**

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**TALLAHASSEE, FLORIDA**

**ARTICLE IV    SHARES**

The number of shares of stock is:

**100**

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

Name and Title: **WESAM RAMADAN**

Name and Title:

Address **2701 BARTLET DR**

Address:

**KISSIMMEE FL 34741**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(conti.)

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: WESAM RAMADAN  
Address: 2701 BARTLET DR  
KISSIMMEE FL 34741

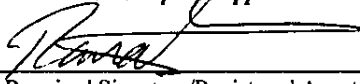
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: WESAM RAMADAN  
Address: 2701 BARTLET DR  
KISSIMMEE FL 34741

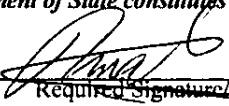
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

3/15/13  
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

3/15/13  
Date