

P130000027976

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H13000062953 3)))



H13000062953ABCs

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

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
TIRES 4 LESS OF FLORIDA, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

13 MAR 26 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

13 MAR 26 PM 4:48
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

VH

COVER LETTER

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

SUBJECT: TIRES 4 LESS OF FLORIDA, 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
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: YANELLE M BARINAS

Name (Printed or typed)

5701 NW 36 ST

Address

MIAMI, FL 33166

City, State & Zip

305-871-0889

Daytime Telephone number

BARINASB@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



March 20, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BARINAS & ASSOCIATES INC.

SUBJECT: TIRES 4 LESS OF FLORIDA, INC.
REF: W13000016415

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return 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.

Pamela Smith
Regulatory Specialist II

FAX Aud. #: H13000062953
Letter Number: 913A00006552

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

FILED

13 MAR 26 PM 12:48

ARTICLE I NAME

The name of the corporation shall be:

TIRES 4 LESS OF FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1502 HOBBS ST

1502 HOBBS ST

SUITE 105

SUITE 105

TAMPA, FL 33619

TAMPA, FL 33619

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PVST Name and Title: _____

Address: JOE RODRIGUEZ Address: _____

1502 HOBBS ST, SUITE 105

TAMPA, FL 33619

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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13 MAR 26 PM 12:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: JOE RODRIGUEZ
Address: 1502 HOBBS ST, SUITE 105
TAMPA, FL 33619

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JOE RODRIGUEZ
Address: 1502 HOBBS ST, SUITE 105
TAMPA, FL 33619

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 further willing and agree to the appointment as registered agent and agree to act in this capacity.

Required Signature/Registered Agent

03/13/2013

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.817.135, F.S.

Required Signature/Incorporator

03/13/2013

Date