P1300039289

(Re	equestor's Name)			
(Ad	ddress)			
(Ad	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ва	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			



200246034802

03/25/13--01036--006 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Office Use Only



13 APR 30

FLORIDA DEPARTMENT OF STATE BINISTON OF C Division of Corporations

April 17, 2013

YUSLEYDI HERNANDEZ 1013 S COMBEE RD LAKELAND, FL 33801

SUBJECT: PERFECT A CAR AUTO SALES INC

Ref. Number: W13000017568

We have received your document for PERFECT A CAR AUTO SALES INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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

Letter Number: 813A00009208



RE(TED

13 APR : 94 2:21

FLORIDA DEPARTMENT OF STATESION OF Division of Corporations

March 26, 2013

YUSLEYDI HERNANDEZ 1013 S COMBEE RD L'AKELAND, FL 33801

SUBJECT: PERFECT A CAR AUTO SALES INC.

Ref. Number: W13000017568

We have received your document for PERFECT A CAR AUTO SALES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Philago seturn your document, along with a ways of this letter, within 60 days or with your filling 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

Letter Number: 413A00007102

www.sunbiz.org

COVER LETTER

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

R AUTO SA TENAME-MUST INCLI	LES INC JDE SUFFIX)
cles of incorporation and	a check for:
	& Certificate of Status
ON REE P	
ddress LAND FLOR State & Zip	
- 1	
	Signature of incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO Printed or typed) Combeta R ddress

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)

he name of the corpor	ME ation shall be: FER	FECT A	CAR	AUto	SALES I
ARTICLE II PR	INCIPAL OFFICE Principal street address		Mail	ing address, if di	fferent is:
101356	MBEERD				
AKEL AN	FCORIDA				
3380					<u>~</u>
he purpose for which	RPOSE the corporation is organized is:	Autom	obiLe	SAL	13 APR 36
- " 					
· · · ·	,			,	بن
		<u> </u>			
					
			- <u> </u>		<u> </u>
Name and Titl		HERNATEZ Name PA GERE Addre		<u>SEC</u> RE	tary_
	33811	<u> </u>			
Name and Title	DO20 VILLAGE	NEDI Name	and Title:	PRECIDI	ENT
Address	2020 VILLAGE	KV Addre	ess:		
	LAKELANV F	LOKIPA			
	3381/				
Name and Title	3:	Name	and Title:		
Address					

05/1/2013 10:46 T0:+1 (850) 2456804 FROM:8636685302

Page: 3

04/30/2013 19:58 850-245-6**80**4

DEPT. OF STATE

PAGE 02/02

(conti.)

Name and Title:	Name and Title:	
Address	Address:	A
•		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo	x NOT acceptable) of the registered agent is:	☆ ♥
Name: YENDRY B	ENE DI	APR
7000 MILLIA	T E D	ဘိ ≭် ယ ⊡
Address: 1000 VILVII	(72 71/	o Fan
LAKELAND F	C 33011	PM 3: 35
		မှ 🚆
ARTICLE VII INCORPORATOR		ယ္ ြ
The name and address of the incorporator is:		
Name: YUSLEYOI	HERNADEZ CAGE PO	•
Address: 20 20 VIC	CAGE NO	
LAKELAND	FC 3381/	
Having been named as registered agent to accept this certificate 1 am familiar with and accept the	ept service of process for the above stated corporation to appointment as registered agent and agree to act in t	at the place designated in his capacity
, , , , , , , , , , , , , , , , , , ,	Bearli	
Dequired Signature	Registered Agent	4-3-2613 Date
I submit this document and affirm that the fa	cts stated heroin are true. I am aware that the false is	eformation submitted in a
document to the Department of Stale constitute	s a third degree felony as provided for in s.817.155, F.S	š. ————————————————————————————————————
Tutto.		リーラーカル
equired Signature	z/Incorporator	Date