

P13005044260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

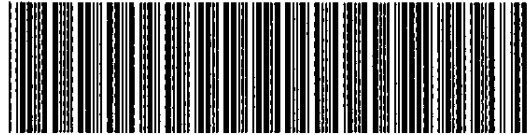
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600247076596

04/24/13--01006--016 **78.75

13 MAY 17 PM 1:19
RECEIVED OF STATE
TALLAHASSEE FLORIDA

FILED

Shivers MAY 20 2013

W13-24251



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2013

ALAN VAN CAMPEN
1185 PEACHTREE INDUSTRIAL BLVD
SUWANEE, GA 30024

SUBJECT: CAR CARE INCORPORATED OF FLORIDA, INC.
Ref. Number: W13000024255

We have received your document for CAR CARE INCORPORATED OF FLORIDA, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 113A00009970

10-01-'12.15:14 TO- 18665308441

FROM- Suntrust Hobbs Rd. P0001/0002 T-910 F-118

COVER LETTER

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

SUBJECT: Car Care Incorporated 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: Alan Van Campen

Name (Printed or typed)

1185 Peachtree Industrial Blvd.

Address

Suwanee, GA 30024

City, State & Zip

321 6622953

Daytime Telephone number

tropicalcorners@yahoo.com

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

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

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

13 MAY 17 PM 1:19

FILED

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:

Car Care Incorporated of Central Florida, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Orlando International Airport

1 Jeff Fuqua Blvd

Orlando, FL 32827

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all purposes permitted by law

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Alan Van Campen, PresidentAddress: 1185 Peachtree Industrial Blvd.Suwanee, GA 30024

Name and Title: _____

Address: _____

Name and Title: Gregory Phillips, Vice PresidentAddress: 1185 Peachtree Industrial Blvd.Suwanee, GA 30024

Name and Title: _____

Address: _____

Name and Title: Danny DunnAddress: 1185 Peachtree Industrial Blvd.Suwanee, GA 30024

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Robert BlanchfieldAddress: 127 W. Fairbanks Ave., Ste 272Winter Park, FL 32789**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Alan Van CampenAddress: 1185 Peachtree Industrial Blvd.Suwanee, GA 30024

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

RLB
Required Signature/Registered Agent

10/1/2012
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.

RLB
Required Signature/Incorporator

10/1/2012
Date

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

13 MAY 17 PM 1:19

FILED