

P13000059880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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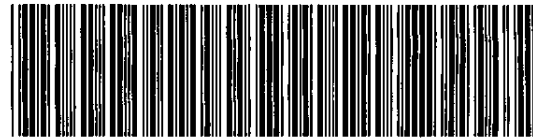
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
13 JUL 12 AM 10:37

7/13/13

**COVER LETTER**

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

**SUBJECT: AUTOMOTIVE SERVICE CENTER, 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: LUZ MARY VALDES**  
Name (Printed or typed)  
**1581 WEST 49 STREET # 318**  
Address  
**HIALEAH, FLORIDA 33012**  
City, State & Zip  
**786-501-9753**  
Daytime Telephone number  
**luzmaryvaldes@icloud.com**  
E-mail address: (to be used for future annual report notification)

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**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: AUTOMOTIVE SERVICE CENTER/AC SERVICE CENTER, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1581 WEST 49 STREET # 318

HIALEAH; FLORIDA. 33012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ALL TYPES OF AUTOMOTIVE  
MAINTANACE AND SERVICES AND SALES OF AUTOMOTIVE AND TRUCK  
REPAIRS AND ACCESORIES, TO INCLUDE TOWING SERVICES.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: LUZ MARY VALDES, PRES./CEO

Name and Title: \_\_\_\_\_

Address: 134 SE 9 COURT

Address: \_\_\_\_\_

HIALEAH, FLORIDA 33010

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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(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: LUZ MARY VALDES

Address: 134 SE 9 COURT

HIALEAH, FLORIDA 33010

**ARTICLE VII INCORPORATOR**

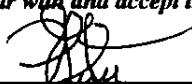
The name and address of the Incorporator is:

Name: LUZ MARY VALDES

Address: 134 SE 9 COURT

HIALEAH, FLORIDA 33010

*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*

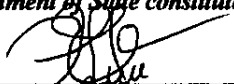


\_\_\_\_\_  
Required Signature/Registered Agent

07/10/2013

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

07/10/2013

\_\_\_\_\_  
Date

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