

P13000059880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

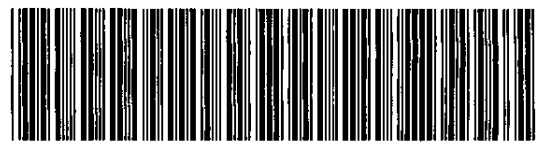
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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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 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: 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 AUTOMOTIVE SERVICE CENTER/AC SERVICE CENTER, INC
The name of the corporation shall be: _____

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 500
The number of shares of stock is: _____

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	LUZ MARY VALDES, PRES./CEO	Name and Title:	_____
Address	134 SE 9 COURT HIALEAH, FLORIDA 33010	Address:	_____ _____ _____
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: 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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