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13 JUL 19 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

**SUBJECT: PCAPC, 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: PETER VALENTI**

Name (Printed or typed)

**185 S SEMORAN BLVD**

Address

**ORLANDO, FL 32807-3230**

City, State & Zip

**(407) 282-0008**

Daytime Telephone number

**robertlobel@optonline.net**

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

**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: PCAPC, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

185 S SEMORAN BLVD

ORLANDO, FL 32807-3230

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ENGAGE IN FOR PROFIT  
AUTOMOBILE TRANSMISSION REPAIR SHOP.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: PETER VALENTI, PRESIDENT

Address: 1218 CHEETAH TRAIL

WINTER SPRINGS,

FL 32708

Name and Title: CAMILLE VALENTI Vice Pres

Address: 1218 Cheetah Trail

Winter Springs

FL 32708

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

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

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

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

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

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

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

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

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: PETER VALENTI  
Address: 1218 CHEETAH TRAIL  
WINTER SPRINGS, FL 32708

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: PETER VALENTI  
Address: 1218 CHEETAH TRAIL  
WINTER SPRINGS, FL 32708

*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*

Peter Valenti

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.*

Peter Valenti

Required Signature/Incorporator

07/10/2013

Date