

P13000083613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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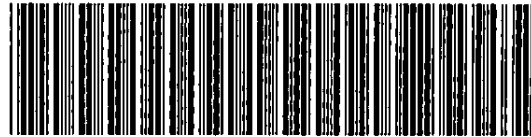
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: **LOU LOU AUTOBODY AND REPAIRS 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: **LOU LOU AUTOBODY AND REPAIRS INC**

Name (Printed or typed)

4818 OLD WINTER GARDEN RD

Address

ORLANDO FL 32811

City, State & Zip

407-860-7318

Daytime Telephone number

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: LOU LOU AUTOBODY AND REPAIRS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4818 OLD WINTER GARDEN RD
Orlando FL 32811is

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lutane Auguste CEO/President

Name and Title: _____

Address 1823 N. Hastings Street
Orlando FL 32808

Address: _____

Name and Title: Loussaint Pierre Secretary/Treasurer

Name and Title: _____

Address 1823 N. Hastings Street
Orlando FL32808

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(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: Lutane Auguste
Address: 1823 N. Hastings Street
Orlando FL 32808

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lutane Auguste
Address: 1823 N. Hastings Street
Orlando FL 32808

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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

X Lutane Auguste
Required Signature/Registered Agent

October 4, 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.

X Lutane Auguste
Required Signature/Incorporator

October 4, 2013
Date

month/ mile warranty
on all parts and labor unless
otherwise specified.

I DO NOT REQUEST A WRITTEN ESTIMATE.

any reason, a tear down and reassembly fee of \$_____ will be applied.

Date:

***This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal. ***FS403.718 mandates a \$1.00 fee for each new tire sold in the State of Florida. ***FS403.7185 mandates a \$1.50 fee for each new or remanufactured battery sold in the State of Florida

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