

P130000088454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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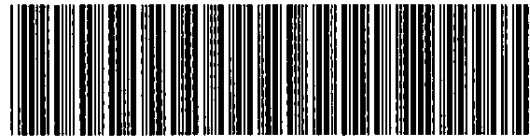
(Business Entity Name)

(Document Number)

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

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13 OCT 28 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 10/29

## COVER LETTER

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

SUBJECT: **Majestic Auto Sales and Detailing, 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: **Omar Campos**  
Name (Printed or typed)  
**180 Gardenridge Ct. #308**  
Address  
**Winter Springs FL 32708**  
City, State & Zip  
**321 274 5553**  
Daytime Telephone number  
**miafiorucci@hotmail.com**  
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: Majestic Auto Sales and Detailing Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

180 Gardenridge Ct. #308

Winter Springs FL 32708

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide auto sales and detailing services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Omar Campos P Name and Title: \_\_\_\_\_

Address: 180 Gardenridge Ct. #100 Address: \_\_\_\_\_

Winter Springs Fl 32708 \_\_\_\_\_

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

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

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

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

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TALLAHASSEE, FLORIDA

(cont.)

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: Mia Fiorucci  
Address: 180 Gardenridge Ct. #308  
Winter Springs FL 32708

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**ARTICLE VII INCORPORATOR**

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

Name: Omar Campos  
Address: 180 Gardenridge Ct. #308  
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*

  
Required Signature/Registered Agent

10/23/2013  
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

10/23/2013  
Date