

P/3000089367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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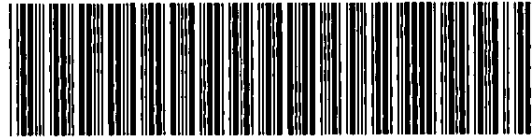
(Business Entity Name)

(Document Number)

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

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10/31/13--01007--014 \*\*78.75

RECEIVED  
13 OCT 31 PM 1:50  
DIVISION OF CORPORATIONS

13 OCT 31 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
FILED

VH

## COVER LETTER

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

SUBJECT: **SOUTH FLORIDA FLEET SERVICE 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: **DAVID DELAPAZ**  
Name (Printed or typed)  
**8975 NW 27TH AVE**  
Address  
**MIAMI FL 33147**  
City, State & Zip  
**8504210552**  
Daytime Telephone number  
**BCPLINC@LIVE.COM**  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

10/31/13

To whom it may concern.

We (South Florida Fleet Services Inc) under  
Document number P12000097116, Do not wish  
to renew the account any longer.

Dand D

ATTN:  
Valerie

**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: SOUTH FLORIDA FLEET SERVICE INC

**ARTICLE II    PRINCIPAL OFFICE**  
Principal street address

8975 NW 27TH AVE  
MIAMI FL 33147

Mailing address, if different is:

8975 NW 27TH AVE  
MIAMI FL 33147

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is: ALL PURPOSE

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TALLAHASSEE, FLORIDA

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**ARTICLE IV    SHARES**  
The number of shares of stock is: 1

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

Name and Title: (P) DAVID DELAPAZ  
Address: 8975 NW 27TH AVE  
MIAMI FL 33147

Name and Title: (VP) ANIA BORGES  
Address: 8975 NW 27TH AVE  
MIAMI FL 33147

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

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

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

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

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

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

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

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

(cont.)

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AND  
FILED

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

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

Address \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

DAVID DELAPAZ

Address:

8975 NW 27TH AVE

MIAMI FL 33147

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

DAVID DELAPAZ

Address:

8975 NW 27TH AVE

MIAMI FL 33147

*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

10/31/13

\_\_\_\_\_  
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

10/31/13

\_\_\_\_\_  
Date