

# P13000094624

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

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

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
WADE AUTO REPAIRS INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

67985

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: WADE AUTO REPAIRS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4640 NW 17 AVE  
MIAMI FL 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AUTO REPAIR SERVICES

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: 1104 WADE / PRESIDENT Name and Title:

Address 750 NW 18 TERR Address:

#508 MIAMI FL  
33136

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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EMPIRE CORP

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(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: 1104 WADE  
Address: 750 NW 18TH AVE #508  
MIAMI FL 33136

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: 1104 WADE  
Address: 750 NW 18TH AVE #508  
MIAMI FL 33136

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

+ [Signature]  
Required Signature/Registered Agent

11/20/13  
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.

+ [Signature]  
Required Signature/Incorporator

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