

P/400004943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

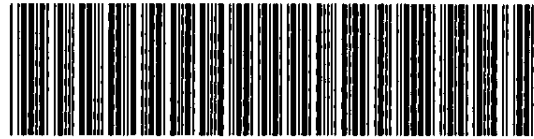
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800255288548

01/13/14--01023--007 **78.75

14 JAN 13 AM 8:48
DIVISION OF CORPORATIONS
SECRETARY OF STATE

[Handwritten signature]
1-9/14

COVER LETTER

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

SUBJECT: Damito Auto Care, 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: Damian L Martinelli
Name (Printed or typed)
18524 Orlando Rd
Address
Fort Myers, FL 33967
City, State & Zip
(239) 784-3087
Daytime Telephone number
anelam80@gmail.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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 13 AM 8:48

ARTICLE I NAME

The name of the corporation shall be: Damito Auto Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5795 Washington Ave, Ste 1

Naples, FL 34109

Mailing address, if different is:

18524 Orlando Rd

Fort Myers, FL 33967

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States of America, or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Damian L Martinelli, President

Name and Title: _____

Address 18524 Orlando Rd

Address: _____

Fort Myers, FL 33967

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: Damian L Martinelli

Address: 18524 Orlando Rd

Fort Myers, FL 33967

ARTICLE VII INCORPORATOR

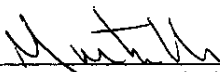
The **name and address** of the Incorporator is:

Name: Damian L Martinelli

Address: 18524 Orlando Rd

Fort Myers, FL 33967

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

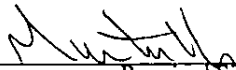


Required Signature/Registered Agent

1/2/2014

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

1/2/2014

Date