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Office Use Only

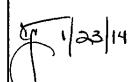
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## **COVER LETTER**

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

<sub>UBJECT:</sub> jim	esteves auto cus	stoms inc.		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
inclosed are an orig	ginal and one (1) copy of the art	icles of incorporation an	d a check for:	
\$70.00	\$78.75	\$78.75	<b>\$87.50</b>	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
		ADDITIONAL CO	Status	
		ADDITIONAL CO	OF I REQUIRED	
FROM: JII	m esteves	e (Printed or typed)		
7	525 pier rd			
		Address		
pe	ort richey florida	34668	<del>-</del>	
	City,	State & Zip	7	
7:	27-845-3049		4 JAH 21	
	Daytime T	elephone number		3
jin	neauto@yahoo.com	1	Totilization) F	:
	E-mail address: (to be use	ed for future annual report	notification)	-

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



## FLORIDA DEPARTMENT OF STATE ECRETARY OF STATE Division of Corporations

December 27, 2013

JIM ESTEVES 7525 PIER ROAD PORT RICHEY, FL 34668

SUBJECT: JIM ESTEVES AUTO CUSTOMS INC

Ref. Number: W13000070116

We have received your document for JIM ESTEVES AUTO CUSTOMS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 713A00029180

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ne name of the	corporation shall be: jim esteves auto customs inc	DEUNE IARY OF STATE DIVISE A OF LORPORATIO
RTICLE II	PRINCIPAL OFFICE Principal street address Maili	14 JAN 21 PM 4: 35
'525 pier		
ort riche	y florida 34668	
RTICLE III ne purpose for	PURPOSE which the corporation is organized is: for profit	
<del></del>		
	<del></del>	
***		
RTICLE IV	SHARES heres of stock is: 100	
	SHARES hares of stock is:	
ne number of sh RTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	
ne number of sh RTICLE V	INITIAL OFFICERS AND/OR DIRECTORS  and Title: FSTEVES PRESENTED	
ne number of sh RTICLE V	INITIAL OFFICERS AND/OR DIRECTORS  and Title:	
ne number of sh RTICLE V Name a	INITIAL OFFICERS AND/OR DIRECTORS  and Title: FSTEVES PRESENTED	
ne number of sh RTICLE V Name a	INITIAL OFFICERS AND/OR DIRECTORS  and Title: JIM ESTEVES, PRES and Title:  S 7525 PIER RD Address:  PORT RICHEY	
ne number of sh RTICLE V Name a Address	INITIAL OFFICERS AND/OR DIRECTORS  and Title: JIM ESTEVES, PRES and Title:  S 7525 PIER RD Address:  PORT RICHEY	
ne number of sh RTICLE V Name a Address	INITIAL OFFICERS AND/OR DIRECTORS  and Title:	
RTICLE V  Name a  Address	INITIAL OFFICERS AND/OR DIRECTORS  INITIAL OFFICERS	
Name an Address	INITIAL OFFICERS AND/OR DIRECTORS  and Title:	
Name an Address	INITIAL OFFICERS AND/OR DIRECTORS  and Title: FSTEVES, PRESame and Title:  s 7525 PIER RD Address:  PORT RICHEY Name and Title:  and Title: Name and Title:  and Title: Name and Title:	

Name and	l Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
	prida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	jim esteves	_
Address:	7525 pier rd	_
	port richey fla. 34668	-
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	jim ESTEVES	-
Address:	7525 pier rd	-
	port richey , fla.34668	-
this certificate, Ya	Required Signature/Registered Agent	Date  true. I am aware that the false information submitted in a
V		

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