

P14000059853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

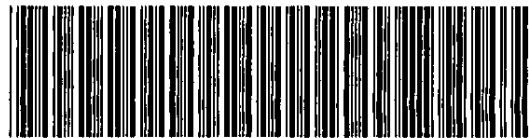
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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07/14/14--01045--001 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL 14 PM 2:05

APPROVAL  
AND  
FILED

1/4

**COVER LETTER**

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

SUBJECT: Quality Value Automotive Repair, 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: Tim Pfister

Name (Printed or typed)

910 E. Fowler Ave

Address

Tampa, FL 33612

City, State & Zip

813-971-2886

Daytime Telephone number

Quality Automotive 910@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)

APPROVED  
AND  
FILED

**ARTICLE I    NAME**

The name of the corporation shall be: Quality Value Automotive Repair, Inc. JUL 14 PM 2:05

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

910 E. Fowler Ave

Tampa, FL 33612

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: General automotive repair including, but not limited to: brakes, air conditioning, driveability, maintenance, exhaust, etc.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Tim Pfister, President

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

Address 910 E. Fowler Ave

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

Tampa, FL 33612

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

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

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

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

APPROVAL  
AND  
FILED (cont.)

14 JUL 14 PM 2:05

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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: Tim Pfister  
Address: 910 E. Fowler Ave  
Tampa, FL 33612

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tim Pfister  
Address: 910 E. Fowler Ave  
Tampa, FL 33612

*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

7-11-14

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

7-11-14

Date