

PK0000061943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

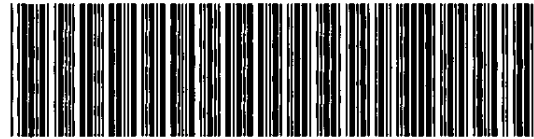
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

MD 7/23

## COVER LETTER

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

SUBJECT: **RPM Auto Traders 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: **Carlos O. Olivero**

Name (Printed or typed)

**6159 Waterfield Way**

Address

**St. Cloud, Florida 34771**

City, State & Zip

**321-805-2090**

Daytime Telephone number

**colivero65@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)

**ARTICLE I    NAME**

The name of the corporation shall be: RPM Auto Traders, Inc

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

6159 Waterfield Way  
Saint Cloud, Florida 34771

Mailing address, if different:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Serve as a family owned Auto dealership/trader.

**ARTICLE IV    SHARES**

The number of shares of stock is: 1000

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

Name and Title: Alejandro S. Olivero-President

Address: 6159 Waterfield way  
St. Cloud, Florida 34771

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

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

Name and Title: Carlos O. Olivero- Treasurer

Address: 6159 Waterfield Way  
St. Cloud, Florida 34771

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

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

Name and Title: Arleene Torres-Secretary

Address: 6159 Waterfield Way  
St. Cloud, Florida 34771

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

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: Carlos O. Olivero  
Address: 6159 Waterfield Way  
St Cloud, Florida 34771

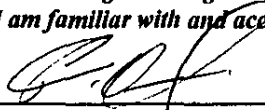
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carlos O. Olivero  
Address: 6159 Waterfield Way  
St. Cloud, Florida 34771

*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

7-18-14  
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

7-18-14  
Date