

09/10/2032 06:

P.001/003

PA 000098927

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

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

RECEIVED

14 OCT 30 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
UNION AUTO UPHOLSTERY INC**

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

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

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**ARTICLE I NAME:** The name of the corporation is:

Union Auto Upholstery Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12585 Collier Blvd  
NAPLES FL 34110

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

- 1) CARLOS FAXAS (P) 51%  
3240 7th Ave SW  
NAPLES FL 34117
- 2) JOSE ORESTES LOPEZ - NODARSE (VP) 49%  
2125 SCRUB OAK CIR Apt 102  
NAPLES FL 34112

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

CARLOS FAXAS  
3240 7th Ave SW  
NAPLES FL 34110

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

CARLOS FAXAS  
JOSE ORESTES LOPEZ - NODARSE  
12585 Collier Blvd  
NAPLES FL 34110

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**Required Signatures:**

**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**



Registered Agent

10/29/2014  
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.**



Incorporator

10/29/2014  
DateRECEIVED  
14 OCT 30 PM 1:29  
DEPARTMENT OF STATE  
REGISTRATION DIVISION

M 140 00254269